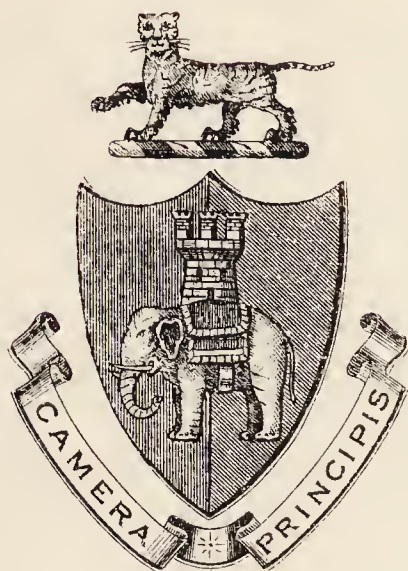


6

CITY OF COVENTRY.



Annual Report



.. ON ..

The Health of the City

.. BY ..

E. H. SNELL, M.D., B.Sc., Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow, and Member of the Council, of the Royal Institute of Public Health; Fellow of the Royal Sanitary Institute; Past-President of the Midland Branch of the Society of Medical Officers of Health; Member of the Royal College of Surgeons, the Royal Society of Medicine, and the Medico-Legal Society

1909.

Coventry:

CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

SANITARY COMMITTEE.

THE MAYOR (MR. ALDERMAN WILLIAM LEE, J.P.), *Chairman.*

MR. ALDERMAN J. B. LOUDON, J.P., *Vice-Chairman.*

MR. ALDERMAN WEBB FOWLER, M.D., F.R.C.S., (ED.), J.P.

MR. COUNCILLOR J. BAUSOR.

MR. COUNCILLOR T. A. CASH, J.P.

MR. COUNCILLOR H. L. CURZONS.

MR. COUNCILLOR W. HEWITT.

MR. COUNCILLOR H. H. KENDRICK, M.R.C.S.

MR. COUNCILLOR F. SNAPE.

MR. COUNCILLOR T. A. B. SODEN, M.R.C.S.

MR. COUNCILLOR J. THOMSON.

TUESDAY—FIXED MEETINGS.

18 Jan., 1910.	19 April.	19 July.
15 Feb.	24 May.	20 Sept.
15 Mar.	21 June.	18 Oct.

AT 12 O'CLOCK NOON.

SANITARY STAFF.

Medical Officer of Health - E. H. SNELL, M.D., D.P.H.

Assistant Medical Officer

of Health - - - J. H. CATES, M.D., D.P.H.

Public Analyst - - - A. BOSTOCK HILL, M.D., D.P.H.

Veterinary Inspector - - WILLIAM DALE, M.R.C.V.S.

Inspector of Nuisances - W. H. CLARKE.*

Assistants - - - - - { J. H. DRURY.*
W. MARTIN.*
A. J. JENNER.*
J. BARNISH.*

Health Visitors - - - - { Miss M. STROVER* (to Feb. 19, 1910).
Miss M. F. REID* † ‡ § (from Jan. 31,
1910).
Miss S. G. BARRATT* † § (from Feb. 21,
1910).

Correspondence Clerk - F. EVANS.

General Clerk - - - W. STORER.

Supt. of Disinfecting Dept. THOMAS PREEDY.

* Inspector's Certificate of Royal Sanitary Institute.

† Health Visitor's Certificate of Royal Sanitary Institute.

‡ Inspector's Certificate of Sanitary Inspectors' Examination Board.

§ Certificate of Central Midwives Board.

CITY HOSPITAL SUB-COMMITTEE.

(THE MAYOR) MR. ALDERMAN W. LEE, J.P., *Chairman.*

MR. ALDERMAN J. B. LOUDON, J.P., *Vice-Chairman.*

MR. COUNCILLOR BAUSOR.	MR. COUNCILLOR H. H.
„ „ T. A. CASH,	KENDRICK, M.R.C.S.
„ „ J.P.	„ „ T. A. B. SODEN,
„ „ W. HEWITT.	M.R.C.S.

FIXED MEETINGS—EVERY FOURTH MONDAY.

Being in each case the day preceding a meeting of the Sanitary Committee.

AT 3 P.M., AT THE CITY HOSPITAL.

CITY HOSPITAL OFFICERS.

Matron	-	-	-	-	MISS M. DAVIDSON.
Medical Superintendent	-	-	-	-	E. H. SNELL, M.D.

EXECUTIVE SUB-COMMITTEE.

(Under the Diseases of Animals Acts, 1894 and 1896, and Orders of Board of Agriculture thereunder.)

MR. ALDERMAN LEE, J.P.	MR. COUNCILLOR HEWITT.
„ „ LOUDON, J.P.	„ „ SNAPE.
„ COUNCILLOR BAUSOR.	„ „ SODEN.
„ „ CASH.	„ „ THOMSON.

MEETINGS WHEN NECESSARY.

ABATTOIR SUB-COMMITTEE.*

MR. ALDERMAN W. LEE, J.P.	MR. COUNCILLOR W. HEWITT.
„ „ LOUDON, J.P.	„ „ F. SNAPE.
MR. COUNCILLOR J. BAUSOR.	„ „ T. A. B. SODEN.
„ „ T. A. CASH, J.P.	„ „ J. THOMSON.

* To this Sub-Committee are also referred the questions of the provision of a Municipal Common Lodging House, and the erection of a Public Mortuary.

EDUCATION COMMITTEE.

ALDERMAN LEE, J.P.	COUNCILLOR WHITE.
„ BIRD, J.P.	„ WYLES.
„ FOWLER, M.D., J.P.	MRS. S. CASH.
COUNCILLOR BATCHELOR.	MISS C. K. FRANKLIN.
„ BETTMANN, J.P.	„ M. SCAMPTON.
„ COPSON.	REV. CANON MASTERMAN, M.A.
„ HALLIWELL.	„ A. D. PERROTT, M.A.
„ LEE.	MR. J. I. BATES, B.Sc.
„ MCGOWRAN.	„ J. BILL, J.P.
„ PLAYER.	„ T. BURBIDGE, J.P.
„ POOLE.	„ S. GORTON, J.P.
„ V. PUGH, J.P.	„ W. JONES.
„ SODEN.	

FIXED MEETINGS.

ON WEDNESDAYS, AT 3 P.M., AT ST. MARY'S HALL.

Nov. 24, 1909.	March 16, 1910.	July 20, 1910.
Dec. 15, „	April 20, „	Sept. 21, „
Jan. 19, 1910.	May 25, „	Oct. 19, „
Feb. 15, „	June 22, „	

MEDICAL DEPARTMENT.

Medical Officer - - -	E. H. SNELL, M.D., D.P.H.
Assistant Medical Officer -	MISS C. CORBETT, M.B., D.P.H. (to Jan. 9th, 09).
	A. E. R. WEAVER, M.D., D.P.H. (Feb. 3rd, 09, to July 31st, 09).
	J. H. CATES, M.D., D.P.H. (from Nov. 1st, 09).
Health Visitor . - -	MISS E. B. SEATON § (to July 29th, 09).
	MISS R. ELMHIRST § † (from Nov. 8th, 09).
Clerk - - - - -	T. F. MARSDEN.

§ Certificate of Central Midwives Board, and is a Nurse.


† Health Visitor's Certificate of Royal Sanitary Institute.

By the order of the Local Government Board, dated March 23, 1891, Article 18, Section 14, it is prescribed that the Medical Officer of Health shall “make an Annual Report to the
“Sanitary Authority, up to the end of December in each
“year, comprising a summary of the action taken, or which
“he has advised the Sanitary Authority to take, during the
“year for preventing the spread of disease, and an account
“of the sanitary state of his district generally at the end
“of the year. The report shall also contain an account of
“the inquiries which he has made as to conditions injurious
“to health existing in the District, and of the proceedings
“in which he has taken part or advised under any Statute,
“so far as such proceedings relate to those conditions; and
“also an account of the supervision exercised by him, or on
“his advice, for sanitary purposes over places and houses
“that the Sanitary Authority have power to regulate, with
“the nature and results of any proceedings which may have
“been so required and taken in respect of the same during
“the year. The report shall also record the action taken by
“him, or on his advice during the year, in regard to
“offensive trades, to dairies, cow-sheds, and milkshops,
“and to factories and workshops. The report shall also
“contain tabular statements (on Forms to be supplied by
“Us, or to the like effect), of the sickness and mortality
“within the District, classified according to diseases, ages,
“and localities.”

Under Sec. 132 of the “Factory and Workshop Act, 1901,” the Medical Officer is also required in his Annual Report to report specifically on the administration of the Factory Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State.

The Memorandum of the Board of Education, dated November 22nd, 1907, requires that “every School Medical Officer should make an Annual Report to the Local Education Authority on the schools and children under his superintendence. The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in the Elementary Schools of the district.

It should also contain statistical records of the number of children examined and of those re-examined or under medical supervision; the nature and results of the examination; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health and the remedy of diseased conditions that may be discovered, action taken, and so forth.”



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PART I.

Vital Statistics, &c.



CITY OF COVENTRY.

Thirty-fifth Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.

To the Right Worshipful the Mayor, Aldermen,
and Councillors of the City of Coventry.

MR. MAYOR AND GENTLEMEN,

I have the honour of submitting to you the thirty-fifth Annual Report—the thirteenth that I have presented—concerning the vital statistics and general sanitary condition of your City.

I am pleased to be able to report that although the death rate did not quite reach the record established in the two previous years (13.2 and 13.3), yet it was remarkably low, being only 13.7. Also although the infantile mortality did not quite touch the record figure of 1908 (93), yet it was very slightly above that figure, being only 96. I think it is a reasonable source of gratification that a manufacturing town such as this should attain rates such as these, rates which would not discredit a health resort, and in fact by many of them are not attained.

Scarlet Fever has been very prevalent throughout the year, and the City Hospital was quite too small to cope with the cases requiring admission; the number of cases notified did not reach the figure of 1901.

The important work in connection with the medical inspection of school children was interfered with considerably by the changes which occurred in the staff; the post of Assistant Medical Officer was held at different periods of the year by three different

doctors, and there was a total loss of time of four months involved by the filling up of the position. The changes have necessarily caused some difficulties and work in connection with systematising the work and the methods adopted.

The general work of the Health Department was of a routine character, and does not here call for comment.

Summary of Vital Statistics.

The principal features of the vital statistics for the year 1909 have been as follows :—

Estimated population at the middle of the year, 93,500.

Birth Rate, 27.8. Average for previous 10 years, 28.9.

Marriage Rate, 17.0. Average for previous 10 years, 16.8.

Recorded Death Rate, 13.7. Average for previous 10 years, 15.2.

Infantile Death Rate, 96.8 per 1,000 births. Average for previous 10 years, 124.

Zymotic Death Rate, 1.6. Average for previous 10 years, 1.7.

Respiratory Death Rate (excluding Phthisis), 2.41.

Phthisis Death Rate, 1.03.

Death Rate from other forms of Tuberculosis, 0.39.

Physical Features of the City and District.

My Report for 1903 contained a brief description of the physical features of the district, kindly supplied me by Mr. Alderman Andrews, F.G.S.

Population.

On January 19th I presented the following report to your Sanitary Committee :—

“ The estimation of the population of a town like Coventry, which experiences such irregular increases dependent on its fluctuating prosperity, is a problem which presents considerable difficulty.

When the increase of a town assumes regular and even proportions, the method of estimation adopted by the Registrar General may be relied upon as giving a fairly accurate estimate.

This method assumes that the increase which occurred between the last two Official Censuses is continuing at the same rate; *i.e.*, it is assumed that the rate of increase which pertained between 1891 and 1901 is still continuing; on this supposition the Registrar General this year estimates that our population is 80,163, a figure which we know from our Unofficial Census in 1906 to be about 3,000 below the actual population which we had three years ago.

It is clear therefore that this method of estimation is not applicable here. It is highly important that we should have as correct an estimate as possible, for if the estimate over-rates the population the death and other rates are being under-rated; and on the other hand, if the population is under-estimated the death and other rates are represented as being higher than in fact they are.

The actual increase brought about by the excess of births over the deaths is of no value in a town like Coventry, where immigration is such an important factor.

In estimating the population therefore from the Unofficial Census in 1906, I have given consideration not only to the increase which occurred between 1901 and 1906, but have also taken into account the known facts in regard to the excessive overcrowding and demand for houses which pertained between 1906 and 1908, and also to the actual number of dwelling houses which have been built in these years. The actual number of houses in occupation has been shown by the Censuses of 1906, 1901, and 1891, to bear a close relationship to the population; at each Census it was shown that every inhabited house on an average contained 4.5 persons.

On applying these various principles to this question, I am of the opinion that if we estimate the population for the middle of the year 1909 as amounting to 93,500, we shall arrive at a figure which approximates to the accurate figure as nearly as known conditions allow us to approach.

On this figure I propose to base the estimation of the death and other rates for the current year."

Subsequent consideration of the number of houses built and occupied during the year confirmed the opinion that this number might rightly be regarded as approximating to the accurate figures.

I append on this page a table including information kindly furnished me by the City Engineer, as to the number of certificates that have been granted for new houses between the middle of 1908 and the middle of 1909, from which it is possible to form an estimate of the increase of the population in the several wards.

Vital Statistics of the Wards.

The following table shows the estimated populations of the several wards, and the particulars on which these estimates are based, viz., the newly-completed houses at the middle of the year, the houses demolished, and vacant houses; it also gives the birth and death rates for the several wards, based on these estimates, and also the infantile mortality rates, which being based on the comparison of the infantile deaths to the actual number of births which occurred, are not based on estimates.

WARDS.	Estimated Population, 1909.	Houses Completed June 30th, 1908 to June 30th, 1909.	Occupied Houses, Census 1901.	Vacant Houses, Census 1901.	Vacant Houses, 1909.	Demolished in 1909.	Estimated In- creased Population.	Death Rate, 1909.	Average Death Rate (10 years).	Birth Rate, 1909.	Infantile Death Rate.
Radford ..	6823	33			18	10	72	13·7		26·3	72
Foleshill ..	10075	104			36	9	228	13·3		30·4	133
Harnall ..	8435	24			12	—	53	10·9		25·3	84
Swanswell ..	8800	75			16	3	165	14·5		32·9	110
Bablake ..	5721	5			16	—	11	15·5		20·2	103
Cheylesmore	7909	19			16	15	42	17·3		26·4	143
Hearsall ..	9274	328			46	11	713	10·7		26·5	73
Grey Friars'	6422	—			29	11	—	13·7		20·3	76
Hill Fields ..	8171	60			13	—	132	12·6		26·8	82
All Saints' ..	6106	8			12	4	17	15·2		24·4	53
St. Mary's ..	6242	—			11	2	—	15·8		24·6	149
Stoke ..	9522	485			48	—	1067	13·4		40·5	75
	93500	1141	15571	511	273	65	2500	13·7	15·2	27·8	96·8

The following Tables record the vital statistics and general growth of the City, as far as information can be acquired.

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.

Rateable Value, 1909	£374,982
„ „ 1899	£262,992
„ „ 1889	£130,972

Density of Population, 1909 = 22·5 per acre.

„	„	1908 = 21·9	„
„	„	1907 = 20·9	„
„	„	1906 = 20·2	„
„	„	1905 = 19·5	„
„	„	1904 = 18·6	„
„	„	1903 = 18·1	„
„	„	1902 = 17·6	„

Average number of persons to each occupied house, 1909 = 4·3

„	„	„	1908 = 4·6
„	„	„	1907 = 4·4
„	„	„	1906 = 4·5
„	„	„	1905 = 4·5
„	„	„	1904 = 4·6
„	„	„	1903 = 4·5
„	„	„	1902 = 4·5
„	„	„	1901 = 4·5
„	„	„	1900 = 4·5
„	„	„	1899 = 4·6
„	„	„	1898 = 4·7
„	„	„	1897 = 4·9
„	„	„	1891 = 4·5

Year.	Houses Inhabited.	Vacant.	Popula- tion.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	.....	.....	7,000	.....	.....	.....	.....
1586	.....	.....	6,502	.....	.....	.....	.....
1643	.....	.....	9,500	.....	.....	.....	.....
1694	.....	.....	6,710	.. ..	.....	.....	.....
1723	1,934	.....	.....	.....	.....	.....	.....
1748	2,066	.....	12,817	32 ?	.....	.....	35 ?
1801	2,930	.. ..	16,034	.....	.....	.....	.. ..
1811	3,448	*60	17,923	.....	.....	.....	.....
1821	3,729	*114	21,448	.....	.....	.....	.....
1831	5,444	*421	27,298	.....	.....	.....	.....
1841	6,531	*590	31,032	.....	.....	.....	.....
Ten Years' Average.							
1851	7,783	*151	36,812	27	.....	.....	.....
1861	8,991	*1,026	40,936	25	.....	.....	.....
1871	8,535	*816	37,670	22	.....	.....	.....
1881	9,223	*643	42,111	20	3'3	150	35'4
1891	11,496	*284	52,724	18'5	1'7	142	32'0
1901	15,571	353	69,877	16'96	1'9	153'7	29'8
1892	11,789	114	54,000	15'4	'85	117	31'7
1893	11,989	165	54,700	17'1	1'1	160	29'9
1894	12,134	213	55,300	16'1	2'1	157	29'0
1895	12,223	261	56,000	17'0	2'0	152	28'1
1896	12,606	48	59,151	16'3	1'8	149	28'3
1897	†12,440	73	61,234	16'8	1'8	157	31'3
1898	†12,939	75	61,555	17'3	2'9	200	31'1
†1899	†13,297	112	61,796	19'0	2'2	164	30'5
1900	15,461	292	70,075	17'5	2'4	131	32'3
1901	15,571	353	70,300	17'1	2'5	150	29'2
1902	16,240	239	73,000	13'7	1'1	107	27'7
1903	16,821	286	75,700	15'9	1'9	114	28'6
1904	17,202	547	77,500	14'8	1'5	137	29'9
1905	17,888	162	81,000	13'7	1'3	104	26'5
1906	18,726	87	83,900	14'8	2'5	144	28'8
1907	19,706	89	87,000	13'2	'83	102	29'5
1908	20,581	281	91,000	13'3	'94	93'1	28'9
1909	21,730	273	93,500	13'7	1'6	96'8	27'8

* This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

† This number omits all business offices, factories, etc.

‡ These figures omit the added area.

Marriages.

The number of marriages has been 796. This gives a marriage rate of 17.0. The average for the previous ten years was 16.8. The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally :—

Year.	No. of Marriages	Rate.	Rate for England.
1897	622	20.2	16.0
1898	634	20.2	16.3
1899	588	18.4	16.5
1900	642	17.5	16.0
1901	578	16.4	15.9
1902	634	17.3	15.8
1903	574	15.3	15.6
1904	580	15.0	15.2
1905	627	15.4	15.3
1906	802	19.1	15.6
1907	797	18.3	15.8
1908	778	17.0	14.9
1909	796	17.0	

Births.

There were 2,601 births registered as having taken place during the year within the City. The distribution of the births in the several wards is given in the table on page 29. The birth rate for the year has been 27.8. The average rate for the previous ten years was 29.1. There were 61 illegitimate births registered, or 2.3 per cent. of the total. In 1908 the percentage was 2.0, and in 1907 2.4.

The birth rate is compared with that for the whole of England and Wales in the following table :—

Year.	No. of Births.	Birth Rate.	Rate for England and Wales.
1895	1579	28.1	30.4
1896	1679	28.3	29.7
1897	1920	31.3	29.7
1898	1916	30.6	29.4
1899	1871	29.4	29.3
1900	2269	31.0	28.9
1901	2053	29.0	28.5
1902	2023	27.7	28.6
1903	2165	28.6	28.4
1904	2322	29.9	27.9
1905	2153	26.5	27.2
1906	2422	28.8	27.0
1907	2571	29.5	26.3
1908	2630	28.9	26.5
1909	2601	27.8	25.6

Deaths.

There have been 1,282 deaths registered as having taken place during the year within your City; of these 19 were deaths of non-residents, which occurred in public institutions within the City; these have been referred to the districts in which they ordinarily resided; and there were 22 deaths of residents which occurred in public institutions outside the City; these have to be added to the above number. The actual number of deaths, therefore, which has to be regarded in estimating the death rate is 1,285. This gives a *recorded* death rate of 13.7 per thousand of the population. The distribution of these in the several wards is given in the table on page 29. On page 20 is represented a table showing the weekly variations in the uncorrected death rates for the expired portions of each year for the past ten years.

The following table shows the mean age at death of the persons who died in the past fifteen years:—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1909	1285	46589	36.2
1908	1217	45744	37.5
1907	1152	42072	36.5
1906	1247	45236	36.2
1905	1114	41866	38.0
1904	1132	39623	35.0
1903	1188	43270	36.4
1902	1007	36743	36.4
1901	1203	39709	33.0
1900	1223	42687	34.5
1899	1182	40156	36.5
1898	1060	29858	28.1
1897	1037	35045	33.8
1896	965	33544	34.7
1895	953	33486	35.1

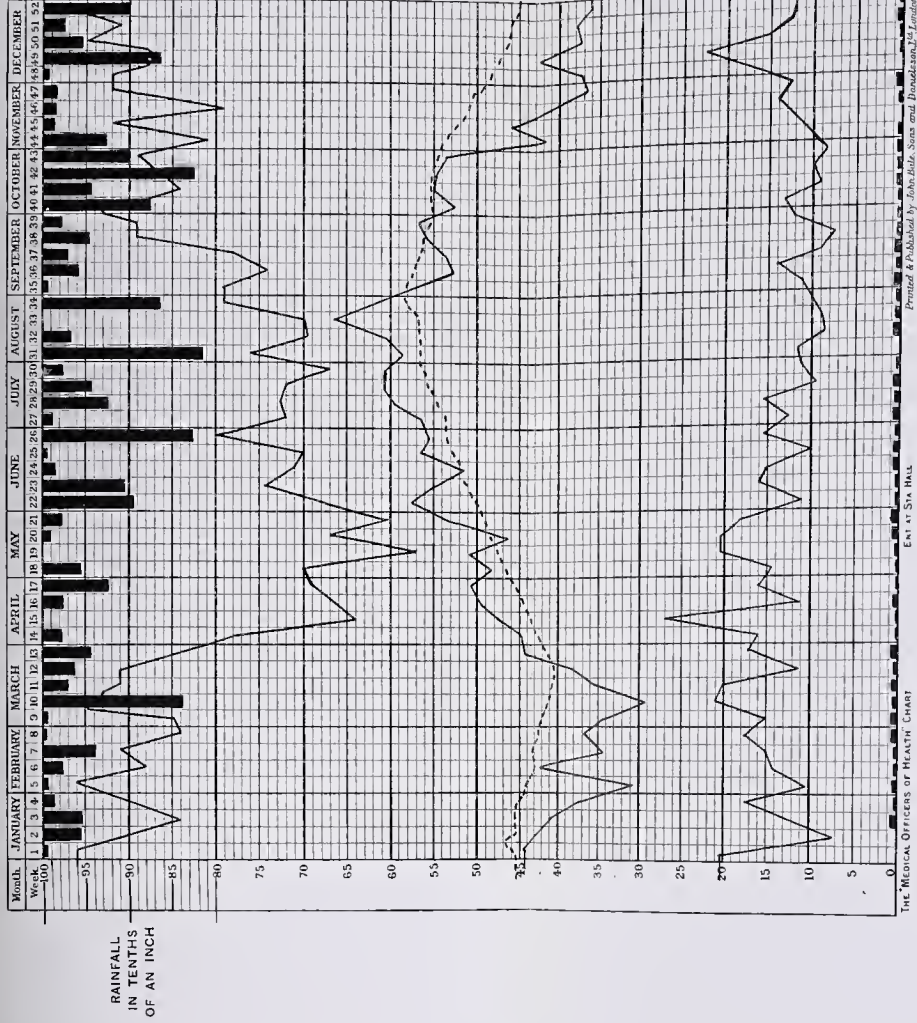
To compare the “Recorded” death rate with that of other towns, it is necessary to make an allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the “Standard”^{*} death rate of each town, the “Factor for Correction.”[†] The “Standard” death rate of

^{*}The “Standard” death rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of 12 age-periods in each town were the same as in England and Wales during the ten years 1891-1900, the rate at all ages in England and Wales during that period having been 18.21 per 1,000.

[†]The “Factor for Correction” is obtained by dividing the “Standard” death rate in England and Wales by the “Standard” death rate in each town, and is the figure by which the “Recorded” death rate should be multiplied in order to correct for variations of sex and age distribution. This gives the “Corrected” death rate.

CITY OF COVENTRY, 1909.

CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES
AND PRINCIPAL METEOROLOGICAL CONDITIONS.



Coventry is 18.18; the "Factor for Correction" is 1.0017; the recorded death rate is then multiplied by this factor for correction, and the resulting figure is the "Corrected" death rate. The corrected death rate of Coventry in 1909 was 13.72; this is very slightly in excess of the recorded death rate, which is another way of saying that in Coventry the sex and age constitution of the population approximates to that of the country generally, but is so circumstanced that it tends slightly to the advantage of Coventry so far as the actual death rate recorded is concerned.

The death rate for England and Wales was	...	14.5
„ „ the 76 great towns was	...	15.6
„ „ the 143 smaller towns was	...	14.5
„ „ rural England and Wales was		13.6

For the purpose of comparison I am inserting the principal vital statistics for the 76 great towns which are now dealt with by the Registrar General in his weekly returns. These have been extracted from a table published in "The British Medical Journal," the official annual summary of the Registrar General not having yet been published; it will be noticed that there is a considerable discrepancy between the figures for Coventry in this table and those in this Report; this chiefly arises from the great error which is now known to exist between the estimated population of this City as given in his estimate and the actual population. This difference amounts to 13,337, or 15 per cent. on the official estimate.

Town.	Estimated Population middle of 1909.	Annual Rate per 1000 living.			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
76 Towns	16,445,281	25·7	14·7	1·42	118	0·8
75 Provincial Towns ..	11,611,343	26·3	14·9	1·45	122	1·1
London	4,833,938	24·2	14·0	1·31	108	0·1
Croydon	161,078	24·4	11·7	0·67	80	0·1
Willesden	160,424	25·2	10·4	1·08	97	0·5
Hornsey	95,628	15·3	8·3	0·46	61	—
Tottenham .. .	129,464	29·4	11·5	0·74	89	—
West Ham	321,767	27·2	14·0	2·24	124	0·1
East Ham	149,575	23·6	9·9	1·10	100	0·1
Leyton	129,614	24·1	10·3	0·93	82	—
Walthamstow .. .	136,602	24·2	9·6	0·96	91	0·2
Hastings	68,165	15·1	12·5	0·33	79	0·8
Brighton	130,926	20·5	15·3	0·65	96	0·2
Portsmouth	214,726	27·2	14·2	1·42	96	0·6
Bournemouth .. .	72,368	16·7	12·8	0·55	100	0·3
Southampton .. .	124,667	23·6	13·4	1·05	106	—
Reading	82,995	20·9	11·5	0·91	95	2·7
Northampton .. .	97,752	20·1	13·3	0·76	110	1·2
Ipswich	74,889	24·0	13·2	0·73	92	—
Great Yarmouth .. .	53,430	25·4	17·5	1·39	125	—
Norwich	124,136	24·3	13·9	1·54	119	0·8
Plymouth	124,180	22·4	14·5	1·20	131	—
Devonport	83,103	26·1	11·6	1·16	96	—
Bristol	377,642	22·6	12·7	0·87	100	0·1
Hanley	68,831	31·2	18·1	2·43	155	0·6
Burton-on-Trent .. .	54,453	22·2	12·0	0·47	102	2·2
Wolverhampton .. .	104,633	23·8	16·0	2·30	138	0·5
Walsall	99,399	28·0	14·5	1·73	139	0·6
Handsworth	70,186	20·5	9·8	0·97	85	2·5
West Bromwich .. .	70,457	30·4	15·3	1·95	123	3·1
Birmingham .. .	563,629	26·6	15·4	2·03	134	3·3
King's Norton	81,632	22·9	9·8	1·02	72	2·4
Smethwick	70,377	28·3	12·8	2·01	113	0·6
Aston Manor	85,257	23·7	13·0	1·75	124	0·5
Coventry	80,163	32·5	16·0	1·88	97	2·7
Leicester	244,255	21·9	12·9	1·22	127	0·6
Grimsby	73,036	30·1	13·3	1·09	118	1·4
Nottingham	263,443	25·7	16·3	1·67	150	0·5
Derby	129,411	24·9	13·4	1·26	123	—
Stockport	103,706	26·4	16·5	1·40	132	0·2
Birkenhead	121,123	30·9	15·9	1·17	123	0·4
Wallasey	71,004	25·8	12·8	0·92	83	0·9
Liverpool	760,357	31·1	19·0	2·11	144	2·7
Bootle	69,393	30·6	16·9	2·26	122	3·5
St. Helens	95,161	32·1	18·6	3·66	150	3·5
Wigan	90,678	31·5	19·1	2·60	173	0·1
Warrington	72,276	31·3	17·1	3·02	130	3·4
Bolton	187,824	24·7	15·1	1·13	128	0·6

Town.	Estimated Population middle of 1909.	Annual Rate per 1000 living			Deaths of Children under one year of age to 1000 Births.	Rate per cent. of uncertified Deaths.
		Births.	Deaths.	Principal Infectious Diseases.		
Bury	59,234	20·8	16·2	1·12	130	1·6
Manchester	655,435	27·8	17·9	1·81	134	0·8
Salford	241,950	27·9	18·0	2·45	141	0·5
Oldham	143,301	27·4	19·1	1·09	119	0·1
Rochdale	89,653	22·7	16·2	0·68	104	2·5
Burnley	106,267	25·1	16·1	1·30	156	1·1
Blackburn	136,959	22·9	16·3	1·49	126	1·4
Preston	118,519	25·7	15·8	1·30	136	2·8
Barrow-in-Furness ..	62,996	26·1	12·2	0·66	81	1·8
Huddersfield	94,739	24·5	16·3	1·04	95	0·5
Halifax	111,911	16·5	13·9	0·77	97	1·0
Bradford	293,983	18·8	14·5	0·68	116	0·3
Leeds	484,012	22·8	14·1	0·80	122	0·1
Sheffield	470,958	28·2	15·1	1·78	118	1·4
Rotherham	65,070	31·6	13·2	1·21	116	2·0
York	87,004	23·8	11·4	0·55	99	0·1
Hull	275,552	29·4	14·9	1·38	114	0·8
Middlesbrough	105,255	31·9	19·1	2·48	158	1·0
Stockton-on-Tees ..	53,417	26·5	13·9	1·19	120	0·9
West Hartlepool ..	79,686	24·0	11·8	1·67	113	0·6
Sunderland	159,378	29·3	16·9	1·98	135	2·5
South Shields	117,627	29·0	15·1	1·37	137	3·6
Gateshead	131,024	28·7	12·7	0·91	112	5·7
Newcastle-on-Tyne ..	281,584	27·3	14·8	1·22	119	0·1
Tynemouth	55,808	33·5	17·3	1·46	129	1·9
Newport (Mon.)	78,336	31·7	15·3	1·51	115	0·3
Cardiff	195,303	25·8	13·1	0·85	103	0·1
Rhondda	135,894	41·2	16·3	1·91	129	0·5
Merthyr Tydfil	78,365	35·7	17·7	1·68	143	0·7
Swansea	98,308	33·0	19·4	2·15	159	0·5

DEATH RATE.

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week.	Date.	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	Av'rage for past 10 years
Jan.												
1	" 7	17.8	17.0	10.2	14.0	13.0	24.3	12.9	13.4	11.0	16.0	14.9
2	" 14	17.7	19.6	12.2	14.0	13.1	22.2	16.0	13.2	13.5	12.1	15.3
3	" 21	16.5	21.9	12.7	14.4	14.3	21.9	14.3	13.9	12.9	12.2	15.5
4	" 28	16.8	21.3	12.8	14.4	13.6	21.5	14.0	14.7	13.6	13.4	15.6
Feb.												
5	" 4	17.3	19.4	13.7	17.0	14.0	20.1	13.1	13.9	13.4	12.9	15.4
6	" 11	17.4	18.6	12.8	17.0	14.1	19.6	14.1	14.5	14.0	13.2	15.5
7	" 18	18.4	18.2	13.8	15.9	14.9	18.0	14.5	14.8	13.2	13.4	15.5
8	" 25	18.3	18.2	15.2	15.9	14.8	17.1	14.3	14.9	13.5	13.9	15.6
Mar.												
9	" 4	18.0	17.8	15.5	17.0	15.5	16.5	14.2	14.5	13.5	14.0	15.6
10	" 11	18.0	18.5	15.6	17.0	15.9	16.5	14.3	14.2	13.9	14.6	15.8
11	" 18	18.0	17.1	15.3	16.9	16.0	16.2	14.5	14.3	14.3	15.0	15.7
12	" 25	18.3	18.0	15.3	16.8	16.0	16.1	14.8	14.1	14.3	14.7	15.8
April												
13	" 1	17.5	16.8	15.4	16.4	16.0	16.6	14.7	14.0	14.1	15.1	15.6
14	" 8	17.9	18.1	15.4	16.4	16.2	16.5	14.8	14.0	14.0	15.1	15.8
15	" 15	17.5	16.8	15.4	15.9	16.4	16.2	14.7	14.2	14.1	15.3	15.6
16	" 22	17.3	18.2	15.5	15.9	16.7	16.0	15.2	13.9	14.4	15.0	15.8
17	" 29	17.4	17.1	15.5	16.4	16.7	16.2	15.8	13.6	14.4	15.1	15.8
May												
18	" 6	17.2	17.0	15.5	16.4	16.6	16.0	15.2	13.7	13.8	15.0	15.6
19	" 13	16.8	16.8	15.5	16.8	16.6	16.7	15.0	14.0	14.3	15.3	15.7
20	" 20	16.6	18.2	15.4	16.7	16.5	16.7	14.7	13.9	14.3	15.5	15.8
21	" 27	16.3	17.7	15.5	16.8	16.4	16.6	14.5	13.9	14.1	15.6	15.7
June												
22	" 3	16.1	17.6	15.5	16.9	16.0	16.5	14.6	13.9	14.0	15.4	15.6
23	" 10	16.0	16.6	15.8	17.0	15.9	16.4	14.4	14.1	13.8	15.5	15.5
24	" 17	15.7	17.2	15.1	17.0	15.3	16.4	14.3	13.8	13.7	15.5	15.4
25	" 24	15.6	16.2	14.8	17.7	15.4	16.3	14.3	13.8	13.6	15.2	15.2
July												
26	" 1	15.1	16.5	14.7	17.6	15.3	16.1	14.3	13.3	13.5	15.3	15.1
27	" 8	15.6	16.9	14.7	17.6	15.0	15.9	14.0	13.6	13.4	15.2	15.1
28	" 15	15.5	17.0	14.7	17.6	14.7	15.8	13.8	13.4	13.3	14.4	15.0
29	" 22	15.3	16.8	14.5	17.5	14.5	15.8	13.6	13.5	13.2	15.0	14.9
30	" 29	15.2	16.1	15.0	17.5	14.6	15.5	13.4	13.4	13.3	14.9	14.8
Aug.												
31	" 5	15.2	17.4	14.7	17.4	14.0	15.4	13.6	13.6	13.4	14.8	14.9
32	" 12	15.1	17.6	14.6	17.0	14.0	15.3	13.5	13.3	13.4	14.6	14.8
33	" 19	15.3	17.7	14.7	16.7	14.2	15.3	13.7	13.0	13.3	14.4	14.8
34	" 26	15.4	17.7	14.6	16.7	14.2	15.3	14.2	12.9	13.4	14.3	14.8
Sept.												
35	" 2	15.7	17.9	14.6	16.7	14.2	15.2	14.2	12.9	13.4	14.2	14.9
36	" 9	15.9	17.8	14.5	16.7	14.3	15.5	14.7	12.8	13.4	14.2	14.9
37	" 16	16.2	17.4	14.5	16.5	14.6	15.3	14.9	12.8	13.4	14.7	15.0
38	" 23	16.2	17.5	14.4	16.5	14.5	15.3	15.1	12.6	13.3	13.8	14.9
39	" 30	16.2	17.3	14.5	16.5	14.6	15.1	14.9	12.5	13.2	13.8	14.8
Oct.												
40	" 7	16.3	17.1	14.3	16.4	14.7	14.9	15.0	12.6	13.2	13.8	14.8
41	" 14	16.0	17.3	14.3	16.3	14.7	14.8	15.0	12.6	13.1	13.7	14.7
42	" 21	16.4	17.0	14.4	16.3	14.4	14.7	14.8	12.6	13.1	13.6	14.7
43	" 28	16.5	16.6	14.3	16.2	14.5	14.7	14.8	12.7	13.0	13.5	14.6
Nov.												
44	" 4	16.5	17.0	14.1	16.2	14.5	14.7	14.8	12.8	13.2	13.4	14.7
45	" 11	16.6	16.9	14.1	16.2	14.5	14.7	15.0	12.9	13.2	13.4	14.7
46	" 18	16.1	16.8	14.2	16.1	14.5	14.6	14.8	13.0	13.2	13.4	14.6
47	" 25	16.5	16.0	14.0	16.2	14.5	14.6	14.8	13.1	13.2	13.4	14.6
Dec.												
48	" 2	16.6	16.9	14.9	16.3	14.7	14.5	14.7	13.1	13.0	13.5	14.8
49	" 9	16.7	17.1	14.1	16.2	14.8	14.4	14.6	13.2	13.1	13.7	14.7
50	" 16	16.7	17.0	13.9	16.2	14.9	14.4	14.8	13.1	13.1	13.7	14.7
51	" 23	16.6	17.1	13.9	16.2	14.8	14.4	14.8	13.2	13.2	13.7	14.7
52	" 30	16.6	17.1	13.9	16.3	15.0	14.5	14.8	13.2	13.1	13.7	14.8

International Vital Statistics.

These are only available through Blue Books, and as these are not in popular demand, it is possible that there may be some interest in reproducing here for the sake of comparison the chief figures relating to the important countries.

NAME OF COUNTRY.	Quinquennial Period 1901—1905.			
	Birth Rate per 1,000.	Crude Death Rate per 1,000.	Mean rate of increase by excess of Births over Deaths per 1,000.	Deaths of Children under one year per 1,000 Births.
Hungary	37·2	26·2	11·0	212
Spain	35·0	25·8	9·2	173
Austria	35·6	24·2	11·4	215*
Italy	32·6	21·9	10·7	168
Japan	31·7	20·9	10·8	154
German Empire ..	34·2	19·9	14·3	
France	21·2	19·6	1·6	139
Prussia	34·8	19·6	15·2	190
Switzerland	28·1	17·7	10·4	134
Ireland	23·2	17·6	5·6	98
Belgium	27·7	17·0	10·7	148
Scotland	28·9	16·9	12·0	120
England & Wales	28·1	16·0	12·1	138
The Netherlands ..	31·5	16·0	15·5	136
Sweden	26·1	15·5	10·6	91
Denmark	29·0	14·8	14·2	119
Norway	28·6	14·5	14·1	81

* 4 years.

Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall. Monthly records of them are forwarded to the Meteorological Office, and published by the Registrar General in his Quarterly Returns of Vital Statistics, together with the records of 56 other recognised meteorological stations. These records are summarised by the Meteorological Office.

The relationship existing between the death rate and the temperature, and the humidity of the atmosphere, is graphically represented in the curves on the plate opposite page 16.

The summary of the meteorological observations taken during the year is given on page 27.

The highest temperature recorded in the shade was on August 12th, when 83.5° F. was reached. Freezing point or below was recorded in the screen on 79 days during the year; these days were distributed throughout the months as follows:—

January	13	July	
February	20	August	
March	16	September	
April	4	October	3
May	1	November	10
June		December	12

The highest temperature recorded four feet below the surface of the ground was 58.5° F. from August 18th to 25th, and that one foot below the surface was 67.5° F. on August 16th.

Rain fell on 218 days. The total rainfall at the City Hospital amounted to 26.65 inches, or 3.55 inches more than in 1908.

The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on July 27th, when the amount collected was 1.28 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station; its funnel is situated 4 feet 11 inches above the ground; this collected 21.82 inches of rain.

The daily records of rainfall for the year are given on the next page.

RAINFALL, 1909.

Date.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
1	'01	..	..	..	'07	'67	'01	'34	'10	'03	..	'21
2	..	'01	'33	..	..	..	..	..	..	'15	'08	'58
3	..	..	'16	..	..	..	'03	..	'04	'22	'02	'12
4	..	'03	..	..	..	'02	..	..	'12	'02	'01	'30
5	'02	..	'06	..	..	'22	'01	..	'09	'09	..	'06
6	..	..	1'06	..	..	'07	'07	..	'16	..	'01	'01
7	'32	..	'01	..	..	..	'15	..	'04	'13	'01	..
8	..	..	'01	..	..	..	..	..	..	'05	..	..
9	'02	'24	'09	..	..	..	'43	..	..	'07	'06	'23
10	'10	'30	'01	..	..	'05	'13	..	..	'24	'03	'19
11	'01	'11	'02	'05	..	..	'23	..	'01	'14	'01	..
12	..	..	'01	'07	'01	'04	'01	..	'13	'19	'02	'01
13	'09	..	'15	'13	'04	..	'04	..	'23	'29	..	..
14	'11	'02	'02	..	'04	..	..	..	..	'02	'10	..
15	'10	..	'01	..	'01	..	'29	'09	'02	'20	'01	..
16	'02	..	'02	'01	'13	..	'02	'02	'10	'19	'03	'14
17	..	..	'01	'02	'07	..	..	'97	'03	..	'01	'02
18	'18	..	'21	..	'01	'02	'03	'02	..	..	'01	'10
19	..	..	'05	'25	..	'01	..	..	..	'11	..	'08
20	..	..	'02	..	..	'19	'17	'13	..	'32	'01	..
21	..	..	'01	..	..	'27	..	'11	..	'03	..	'67
22	..	..	..	'23	..	'20	..	'01	'02	'09	..	'02
23	..	..	'02	'28	..	'54	'02	'03	'16	'44	'01	'08
24	..	..	'30	'02	'58	'49	..	'01	'03	'05	'01	'02
25	..	..	'08	'01	'22	'18	'27	'02	..	'02	..	'09
26	..	'01	..	'09	'19	..	'03	..	'01	'28	..	'01
27	..	'02	'11	'03	'02	..	1'28	..	'39	'03	'04	'20
28	'01	'01	'18	'07	'09	'08	..	..	'36	..	'02	'26
29	'04	..	'01	'09	..	..	'15	'14	'01	'32	'08	..
30	..	..	..	'08	..	..	'11	'02	'31	'02	'03	'02
31	'24	..	'09	..	'07	..	'01	..	..	'01	..	'01
Totals	1'27	'75	3'05	1'43	1'55	3'05	3'49	1'91	2'36	3'75	'61	3'43
No. of Rain Days.	14	9	26	15	14	15	21	13	20	27	21	23

Total Rainfall for Year 26'65 inches: No. of Rain Days 218.

RAINFALL AT DIFFERENT LOCAL STATIONS.

1909.

			City Hospital.	Davenport Road.	Spencer Road.	Holyhead Road.	Pumping Station, Whitley.
January	..	..	1'27	1'19	1'16	1'16	1'34
February	..	..	'75	1'11	'69	'76	'84
March	..	..	3'05	3'15	3'14	2'67	2'83
April..	..	..	1'43	1'62	1'60	1'27	1'59
May ..	..	..	1'55	1'57	1'54	1'45	1'62
June ..	..	..	3'05	3'38	3'17	2'88	2'98
July ..	..	..	3'49	3'63	3'87	3'27	3'23
August	..	..	1'91	1'94	1'44	1'71	1'77
September	..	..	2'36	2'11	2'27	2'09	3'19
October	..	..	3'75	4'24	3'71	3'36	4'59
November	..	..	'61	'69	'65	0'59	'62
December	..	..	3'43	3'47	3'06	3'31	3'04
Total	..	..	26'65	28'10	26'30	24'52	27'64

For the records of rainfall at Davenport Road, Spencer Road, Holyhead Road, and Whitley, I am indebted to the courtesy of Mr. Alderman Andrews, J.P., Major R. B. Caldicott, J.P., Mr. J. B. Morris, and the City Engineer respectively.

The monthly amounts of rain registered at the City Hospital are given below, together with the corresponding tables for the previous seventeen years.

	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909
January ..	1.26	.67	1.57	3.82	1.27	1.98	.79	3.45	3.44	.98	1.04	2.17	2.66	.72	3.53	.925	.685	1.27
February	.87	3.07	2.21	.16	.50	3.06	1.03	2.60	3.82	1.64	1.51	1.05	3.13	.80	2.405	1.070	.905	.75
March ..	.80	.38	1.01	1.94	2.38	2.78	.84	1.21	.62	1.78	1.68	4.03	1.41	3.02	1.24	1.055	2.635	3.05
April ..	.80	.355	1.63	1.92	1.07	2.23	1.98	1.87	1.27	1.92	2.19	1.555	.90	1.475	.46	1.810	3.655	1.43
May ..	1.51	1.98	2.39	.575	.36	1.95	2.55	2.35	1.66	.88	2.24	3.21	1.55	.265	2.23	3.685	2.235	1.55
June ..	3.90	.99	1.71	.94	3.52	2.68	.72	1.61	3.15	2.64	2.47	2.65	.33	2.95	3.375	2.520	1.490	3.05
July ..	2.67	1.845	2.58	2.80	2.345	.36	1.045	1.11	1.62	2.46	1.48	2.69	2.56	.865	.955	2.775	2.435	3.49
August ..	2.58	1.76	2.32	2.225	2.12	3.78	3.54	1.285	3.00	1.725	3.47	3.97	1.73	4.625	1.005	2.890	3.155	1.91
September	2.35	1.17	2.26	.79	4.46	2.25	.63	1.73	.45	1.21	1.09	2.13	1.92	2.005	1.015	.780	1.450	2.36
October ..	2.62	3.085	2.99	2.99	2.51	1.74	2.58	2.16	2.77	1.30	2.29	6.38	.595	1.035	5.175	4.640	1.230	3.75
November	2.17	1.42	2.55	3.81	1.31	1.40	1.90	1.53	1.99	.69	1.595	1.57	1.31	2.74	2.925	2.065	1.185	.61
December	1.41	2.165	2.43	2.02	3.36	2.58	2.26	1.80	5.09	4.19	1.48	1.34	1.88	.815	2.095	3.355	2.040	3.43
Totals ..	22.94	19.89	25.66	23.99	25.205	26.79	19.865	25.705	28.88	21.415	22.535	32.745	19.975	21.315	26.41	27.57	23.100	26.65

The average yearly rainfall at this station for the preceding seventeen years, 1892 to 1908, was 24.35 inches. The rainfall for 1909 was therefore 2.30 inches above the average for these years.

The average rainfall for the Midland Counties, as recorded by the Meteorological Office, was 27.9 in 1909.

Below is given the total amounts of bright sunshine recorded during each of the past five years by the two sunshine recorders in use; the Campbell-Stokes instrument is the only one recognised by the Meteorological Office.

Year.	Campbell-Stokes' Sunshine Recorder.	Jordan's Sunshine Recorder.
	Hours.	Hours.
1905	1343	1053
1906	1536	1338
1907	1354	1197
1908	1406	1220
1909	1478	1249

A Meteorological Station has now existed at the City Hospital for eighteen years. The records give data for calculating the "mean" monthly temperatures over this period of time. These are as follows :—

January	... 38.1°	July	... 61.6°
February	... 38.6°	August	.. 60.4°
March	... 42.0°	September	... 56.2°
April	... 47.2°	October	... 48.7°
May	... 51.9°	November	... 43.3°
June	... 58.2°	December	... 39.3°

Meteorological Observations made at the City Hospital, Coventry, 1909.

Lat. 52° 24' 34" Long. 1° 30' 20" Height of rim of rain gauge above mean Sea Level 271ft.

The cistern of the barometer is situated 309 feet above sea level.

1909	Baro- meter.	Air Temperature.						Hygrometer				Earth Temperature.		Bright Sunshine.		Cloud. Mean of Observations at 9 a.m. (Scale 0-10).	Rain and other Forms of Precipitation.						Weather, No. of Days of						Wind Force (0-12.)		Wind Direction. No. of observation at 9 a.m.										
		Mean of A Min'm.		Mean of B Max'm.		Mean of A and B.	Difference from Average.	Absolute Maximum and Minimum.				Mean of Observa- tions at 9 a.m.					At 1 foot depth.	At 4 feet depth.	Total Observed.	Per cent. of Total Possible.	Number of Days.	Total Fall.	Difference from Average.	Most in a Day.		Precipitation.	Snow.	Hail.	Thunderstorm.	Clear Sky.	Overcast.	Fog.	Number of Observations of Moderate and Strong Winds.	Calm.	N.	N.E.	E.	S.E.	S.	S.W.	W.
								Maximum	Day of Month.	Minimum	Day of Month.	Dry Bulb.	Depression of Wet Bulb.	Vapour Pressure.	Humidity.									Amount.	Day of Month.																
JAN.	29.821	43.1	33.0	38.1	+0.3	51	2	20	28,29	36.0	1.1	.191	90	38.2	45.0	43	17	5.3	14	1.27	ins.	ins.	0.32	7	14	1	0	0	11	13	6	6	5	0	2	2	1	4	10	4	
FEB.	29.806	43.0	30.5	36.8	-2.6	56	4	22	23	35.0	1.4	.176	86	36.4	42.6	78	29	6.5	8	0.75	ins.	ins.	0.30	10	9	6	0	0	7	18	1	6	1	3	4	0	3	6	2	1	
MAR.	29.190	44.0	32.4	38.2	-3.9	58	29	12	5	37.1	1.3	.195	88	37.6	41.2	74	20	7.6	26	3.05	ins.	ins.	1.06	6	22	10	0	0	6	22	0	11	3	5	3	0	3	9	2	3	
APR.	29.648	58.5	38.3	48.4	+1.4	68	9,10	29	2	49.3	5.3	.232	66	46.6	45.0	218	53	5.4	15	1.43	ins.	ins.	0.28	23	15	0	0	0	10	11	0	10	2	1	2	3	4	9	6		
MAY	29.780	63.0	41.3	52.2	-0.2	79	21	32	13	54.3	6.3	.265	63	52.5	48.9	266	55	4.8	14	1.55	ins.	ins.	0.58	24	14	0	1	1	10	9	0	13	0	2	2	5	6	4	5		
JUNE	29.649	61.7	47.1	54.4	-4.4	69	14	39	13	54.3	4.0	.315	75	56.9	52.6	131	26	8.2	15	3.05	ins.	ins.	0.67	1	15	0	0	1	2	20	0	9	0	4	4	6	0	4	1	1	
JULY	29.592	67.0	52.0	59.5	-2.5	74	17	42	1	60.0	5.0	.369	71	60.4	55.5	181	36	7.5	21	3.49	ins.	ins.	1.28	27	21	0	0	0	1	18	0	10	0	1	0	2	1	14	4		
AUG.	29.670	70.1	52.0	61.1	+0.3	83	12	43	28	61.6	4.6	.403	74	61.7	57.5	204	46	7.5	13	1.91	ins.	ins.	0.97	17	13	0	0	1	3	18	0	10	1	1	1	1	0	3	8	4	
SEPT.	29.719	60.7	48.0	54.4	-1.8	68	6	35	2	53.4	2.3	.345	85	56.1	56.3	89	24	8.4	20	2.36	ins.	ins.	0.39	27	20	0	0	0	1	22	0	12	0	4	8	4	5	0	3	1	
OCT.	29.452	56.8	45.3	51.1	+2.4	64	2,11	30	31	50.5	2.0	.317	87	52.6	54.8	96	30	6.8	27	3.75	ins.	ins.	0.44	23	27	1	1	0	8	19	1	14	1	1	2	1	3	10	8	4	
NOV.	29.707	46.4	35.0	40.7	-2.2	56	4	27	23	39.3	1.3	.215	90	42.1	49.6	61	24	5.9	21	0.61	ins.	ins.	0.10	14	21	2	0	0	10	15	0	8	2	5	3	0	0	1	6	9	
DEC.	29.320	43.6	33.7	38.7	+0.4	53	27	22	21	38.1	1.0	.209	91	39.0	45.4	37	16	7.9	23	3.43	ins.	ins.	0.67	21	23	3	2	0	4	22	0	5	4	0	3	2	1	5	6	9	
																1478			217	26.65					214	23	4	3	73	207	8										

TABLE 1.—(L.G.B.)—Deaths, &c.

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.						TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 Year of Age.			At all Ages.							
				Number.	Rate per 1,000 Births registered	Number.	Rate.*	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13		
1899	61,796	1886	30.5	312	164	1182	18.6	145	29	15	1168	18.4		
1900	70,075	2269	32.3	298	131	1223	17.4	169	11	15	1227	17.5		
1901	70,300	2053	29.2	309	150	1206	17.1	137	14	11	1203	17.1		
1902	73,000	2023	27.7	217	107	1002	13.7	130	3	8	1007	13.7		
1903	75,700	2165	28.6	248	114	1189	15.7	175	7	25	1207	15.9		
1904	77,500	2322	29.9	319	137	1132	14.6	132	6	21	1147	14.8		
1905	81,000	2153	26.5	224	104	1105	13.6	148	14	23	1114	13.7		
1906	83,900	2422	28.8	338	144	1242	14.8	185	17	22	1247	14.8		
1907	87,000	2571	29.5	264	102	1153	13.2	197	14	13	1152	13.2		
1908	91,000	2630	28.9	245	93.1	1209	13.2	233	12	20	1217	13.3		
Averages for years 1899-1908.	77,127	2249	29.1	277	124.6	1164	15.1	165	12	17	1168	15.2		
1909	93,500	2601	27.8	252	96.8	1282	13.7	247	19	22	1285	13.7		

Institution within the District receiving sick and infirm persons from outside the District

Coventry and Warwickshire Hospital.

Institutions outside the District receiving sick and infirm persons from the District

Hatton Asylum.
Queen's Hospital, and St. Joseph's Home,
Birmingham, and Exhall Hospital.

Other Institutions, the deaths in which have been distributed among the several localities in the District

Workhouse.
Ford's Hospital.
Bond's Hospital.

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term “Non-residents” is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term “Residents” is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The “Public Institutions” to be taken into account for the purposes of these tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made is given on the side of this table.

Area of District in acres (exclusive of area covered by water), 4,147 acres.

At Census of 1901.—Total population at all ages, 69,978; number of inhabited houses, 15,571; average number of persons per house, 4.5.

The Union Workhouse is within the City.

TABLE II.—(L.G.B.)

NAMES OF LOCALITIES.	WHOLE CITY.				BISHOP STREET WARD.				GOSFORD STREET WARD.				EARL STREET WARD.				WHITE FRIARS' WARD.				SPON STREET WARD.				NORTH EAST WARD.			
	1.				2.				3.				4.				5.				6.				7.			
	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
1899	61,796	1886	1172	308	16,954		332	80	14,754		270	82	12,285		198	49	8815		229	53	8988		143	40	8038		147	44
1900	70,075	2269	1227	298	17,140		343	68	14,811		255	59	12,340		176	37	8756		241	39	8990		165	51	8492		135	32
1901	70,300	2053	1203	309	17,159		292	86	14,821		249	66	12,354		176	50	8475		210	42	8999		141	33	9238		120	40
1902	73,000	2023	1007	217	17,952		234	60	15,251		182	43	12,760		158	32	8463		204	23	9336		109	18	9868		149	34
1903	75,700	2165	1207	248	18,875		288	69	15,662		214	57	13,285		167	26	8445		256	33	9665		133	29				
					SWANSWELL WARD.				ALL SAINTS' WARD.				HEARSALL WARD.				CHEYLESMORE WARD.				RADFORD WARD.				FOLESHILL WARD.			
1904	7330	244	111	40	7870	244	97	24	6050	171	87	22	6530	159	71	16	6600	187	187	40	6300	183	64	17	7000	260	104	38
1905	8262	278	126	49	8275	286	111	30	6073	187	84	22	6860	198	83	16	7100	165	124	20	6300	219	72	23	7850	277	103	20
1906	8635	254	113	37	8800	290	128	32	6089	179	81	17	7086	208	88	13	7541	177	142	25	6623	201	102	26	8672	345	157	61
1907									6089	186	91	19	7886	244	89	16	7741	184	135	22	6635	175	84	16	9172	347	96	33
1908									6106	149	93	8	8561	246	86	10	7867	195	145	28	6751	180	83	11	9847	307	101	34
1909													9274	100	18		7909	209	137	30	6823	180	94	13	10075	307	134	41
					HARNALL WARD.				HILL FIELDS WARD.				GREY FRIARS' WARD.				ST. MARY'S WARD.				BABLAKE WARD.				STOKE WARD.			
1904	77,500	2322	1147	319	7150	219	85	32	7050	211	103	31	6230	134	75	15	6200	126	75	15	5470	130	78	21	5640	151	76	24
1905	81,000	2153	1114	224	7440	219	96	21	7550	211	109	19	6350	160	76	7	6210	161	117	22	5560	147	83	17	5660	207	70	13
1906	83,900	2422	1247	338	7694	203	124	36	7955	208	83	20	6420	155	70	17	6226	132	107	22	5653	152	85	22	5695	272	82	25
1907	87,000	2571	1152	264	7707	228	82	17	7971	229	90	18	6422	141	81	25	6242	147	95	23	5665	144	102	15	7195	358	98	32
1908	91,000	2630	1217	245	8382	236	112	25	8039	203	84	16	6422	131	88	10	6242	154	113	17	5710	116	105	14	8455	386	103	20
1909	93,500	2601	1285	252	8435	214	92	18	8171	219	103	18	6422	131	88	10	6242	154	99	23	5721	116	89	12	9522	386	128	29

NOTES.—(a) The separate localities 1899-1903 adopted for this table are areas of which the populations are obtainable from the census returns. Block 1 is used for the whole district; and blocks 2, 3, &c., for the several localities.

(b) Deaths of residents occurring beyond the district are included in sub-columns c of this table, and those of non-residents registered in the district excluded. (See Note on Table I. as to the meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions are allotted to the respective localities, according to addresses of the deceased (when known).

(d) In 1904 the City was divided into 12 Wards, the populations of which are not yet obtainable from official census returns.

TABLE III.—(L.G.B.)
Cases of Infectious Disease notified during the Year 1909.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.												No. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.												Total Cases removed to Hospital.		
	At all Ages.	At Ages—Years.					Radford Ward.	Foleshill Ward.	Harnall Ward. (H)	Swanswell Ward.	Bablake Ward.	Cheylesmore Ward. (W)	Hearsall Ward.	Grey Friars' Ward.	Hill Fields Ward.	All Saints' Ward.	St. Mary's Ward.	Stoke Ward.	Whole City.	Radford Ward.	Foleshill Ward.	Harnall Ward.	Swanswell Ward.	Bablake Ward.	Cheylesmore Ward.	Hearsall Ward.	Grey Friars' Ward.	Hill Fields Ward.	All Saints' Ward.	St. Mary's Ward.		Stoke Ward.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.																											65 & upwards.
Small-pox ..	..	..	..	..	..	..	12	16	7	8	4	6	16	13	9	8	8	14	121	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera ..	..	..	..	..	..	..	5	12	7	7	4	4	7	6	10	7	5	5	79	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Group) ..	121	3	30	47	15	25	1	12	7	8	4	6	16	13	9	8	8	14	121	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	79	3	4	6	6	55	5	12	7	7	4	4	7	6	10	7	5	5	79	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever ..	704	5	169	458	46	26	..	32	70	61	23	63	106	26	76	38	28	60	704	25	93	62	47	19	54	79	21	66	29	24	47	566	
Typhus fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever ..	16	..	..	2	5	9	..	1	..	1	..	4	1	1	..	2	5	..	16	..	..	..	1	..	2	1	1	..	1	4	..	10	
Relapsing fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever ..	4	..	..	..	1	3	..	1	..	..	..	..	1	2	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	925	11	203	514	73	118	6	51	84	77	31	77	131	48	95	55	46	80	925	25	93	62	48	19	56	80	22	66	30	28	47	576	

NOTES.—The localities adopted for this table are the same as those in Tables II. and IV.
Mark (H) indicates the locality in which the City Hospital is situated. (Built for 62 beds.
Mark (W) indicates the locality in which the Workhouse is situated.
The Pinley (Small Pox) Hospital is situated outside the boundary in St. Michael's Without.

TABLE IV.—(L.G.B.)

Causes of, and Ages at, Death during Year 1909.

CAUSES OF DEATH.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the district.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District.												Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
	All ages.	Under 1 year.	1 and under 5	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Radford Ward.	Foleshill Ward.	Harnall Ward.	Swanswell Ward.	Bablake Ward.	Ch'yl'smore Ward.	Hearsall Ward.	Grey Friars Ward.	Hill Fields Ward.	All Saints' Ward.	St. Mary's Ward.	Stoke Ward.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	67	15	47	5	..	..	..	4	11	6	4	5	8	3	2	7	7	4	6	5
Scarlet Fever ..	24	1	13	9	1	..	..	1	2	1	4	2	1	5	1	3	2	..	2	13
Whooping-cough ..	29	12	15	2	..	..	..	1	1	4	6	..	1	4	..	3	2	5	2	..
Diphtheria (including Membranous Croup)	11	1	6	3	..	..	1	1	1	..	..	1	..	2	2	1	..	..	3	2
Croup .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever { Typhus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric	4	..	..	1	..	3	..	1	1	..	..	..	..	..	..	..	2	..	..	2
Other cont'd ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic Influenza	9	..	..	1	1	1	6	2	4	..	..	1	..	..	1	..	..	..	1	..
Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa. (See notes at back)	18	10	6	1	..	..	1	..	3	..	6	2	1	..	1	2	..	1	2	1
Enteritis. (See notes at back)	11	11	..	..	..	..	..	..	3	..	1	2	..	1	..	1	..	2	1	1
Gastritis. (See notes at back) .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever (See notes at back)	1	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Erysipelas	3	..	..	..	1	2	..	..	..	1	..	..	..	..	1	1	..	..	..	3
Phthisis (Pulmonary Tuberculosis) ..	97	..	2	4	20	69	2	9	5	6	9	8	7	15	9	9	6	6	8	5
Other tuberculous diseases	35	8	6	9	4	8	..	3	1	3	5	1	4	1	3	1	3	5	5	3
Cancer, malignant disease. (See notes at back)	65	..	..	..	1	50	14	4	11	3	6	5	7	3	6	5	2	6	7	10
Bronchitis	87	15	8	2	..	17	45	7	7	12	9	7	10	3	..	6	12	7	7	5
Pneumonia	122	19	22	5	13	44	19	8	17	10	12	5	12	5	7	8	14	7	17	21
Pleurisy	4	..	..	..	..	4	..	1	..	1	2	..	..	..	..	..	..	..	..	3
Other Diseases of Respiratory Organs	13	..	1	..	2	5	5	1	1	2	..	2	4	..	..	..	..	2	1	5
Alcoholism	22	..	..	..	..	18	4	2	..	2	2	2	3	1	1	3	3	1	2	..
Cirrhosis of liver }	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Venereal Diseases	6	4	2	..	..	..	..	..	2	..	..	..	3	..	..	..	1	..	..	2
Premature Birth ..	59	59	..	..	..	..	..	2	9	5	11	1	8	5	2	5	..	4	7	1
Diseases and Accidents of Parturition	11	..	..	..	2	9	..	..	2	2	2	..	..	..	..	..	1	1	3	4
Heart Diseases ..	30	..	..	2	3	17	8	3	5	2	1	1	6	4	1	5	..	1	1	7
Accidents	38	8	4	3	2	11	10	3	4	3	5	5	5	5	..	2	2	1	3	19
Suicides	10	..	..	..	..	7	3	..	1	1	5	..	1	..	1	1	..	..	..	1
Not Certified ..	33	5	3	4	1	11	9	3	4	2	3	3	3	1	2	4	2	3	3	..
All Other Causes ..	476	84	24	17	11	144	196	38	39	26	35	36	53	42	47	36	34	43	47	134
All Causes ..	1285	252	159	68	62	421	323	94	134	92	128	89	137	100	88	103	93	99	128	247

NOTES TO TABLES IV. AND V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner *excluded* from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" taken into account for the purposes of these Tables. The "Localities" in Table IV. are the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents" are, in addition to being dealt with as in Note (a), entered in the last column of Table IV. The total number in this column equals the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-20 of Table IV. equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 9 of Table IV. equal the gross total of columns 9-20, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhœa" are included deaths registered as due to Epidemic Diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera, and Cholera Nostras.

Deaths from diarrhœa secondary to some other well-defined disease are included under the latter.

Deaths from Enteritis, Muco-Enteritis, Gastro-Enteritis, and Gastritis (see under the heading Diarrhœal Diseases in Table V.) in Tables IV. and V. are placed immediately below, but separately from, those enumerated under the heading Diarrhœa as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhœa. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.

- (f) Under the headings of "Cancer" and "Puerperal Fever" are included all registered deaths from causes comprised within these general terms. Thus: under "Cancer" are included deaths from Cancer, Carcinoma, Malignant disease, Scirrhus, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal Fever" are included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (g) Under "Congenital Defects" in Table V. are included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformations and Congenital hydrocephalus.
- (h) Under "Tuberculosis Meningitis" are included deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous Diseases" are included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."

TABLE V.—(L.G.B.)—**Infantile Mortality during the year 1909.**

Deaths from stated Causes in Weeks and Months under One Year of Age.

(See Notes at foot of Table IV.)

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified ...	66	15	18	6	105	25	12	13	14	13	11	10	9	11	12	12	247
	Uncertified	3	...	...	...	3	2	...	...	...	...	...	...	...	...	...	...	5
Common Infectious Diseases.	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria (including Membranous Group)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoeal Diseases.	Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Diarrhoea, all forms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Enteritis (Muco-enteritis, Gastro-enteritis)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wasting Diseases.	Premature Birth...	1	6	8	1	1	...	...	...	...	...	...	...	...	...	...	...	...
	Congenital Defects	38	...	3	...	9	5	1	...	...	...	...	...	...	...	...	...	...
	Injury at Birth	6	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
	Want of Breast-milk, Starvation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Diseases.	Atrophy, Debility, Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculous Meningitis	11	4	3	3	21	6	4	...	...	...	...	...	...	...	...	...	...
	Tuberculous Peritonitis: Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes.	Erysipelaeas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Rickets ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Bronchitis	4	3	...	1	8	1	...	...	...	...	...	...	...	...	...	...	...
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Suffocation, overlaying...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Causes	3	1	2	...	6	1	...	...	...	...	...	...	...	...	...	...	...
		66	15	18	6	105	25	12	13	14	13	11	10	9	11	12	12	247

Births in the year :—Legitimate, 2,540 ; Illegitimate, 61.
Deaths in the year of { Legitimate Infants, 239.
 { Illegitimate Infants, 13.
Population, estimated to middle of 1909, 93,500.

Infantile Mortality.

There were 252 deaths of infants below one year of age; this gives a mortality per thousand births of 96. The average mortality for the previous ten years was 124.

The following table shows, for the past seventeen years, the number of deaths of children under one year of age per 1,000 births in Coventry compared with England and Wales generally :—

Year.	England and Wales.			Coventry.
1893	...	159	...	160
1894	...	137	...	157
1895	...	161	...	152
1896	...	148	...	149
1897	...	156	...	157
1898	...	161	...	200
1899	...	163	...	164
1900	...	154	...	131
1901	...	151	...	150
1902	...	133	...	107
1903	...	132	...	114
1904	...	146	...	137
1905	...	128	...	104
1906	...	133	...	144
1907	...	118	...	102
1908	...	121	...	93
1909	...	109	...	96

The Infantile mortality of the 76 great towns was 118; that of the 143 smaller towns 111; and that in England and Wales, less the 219 towns, 98.

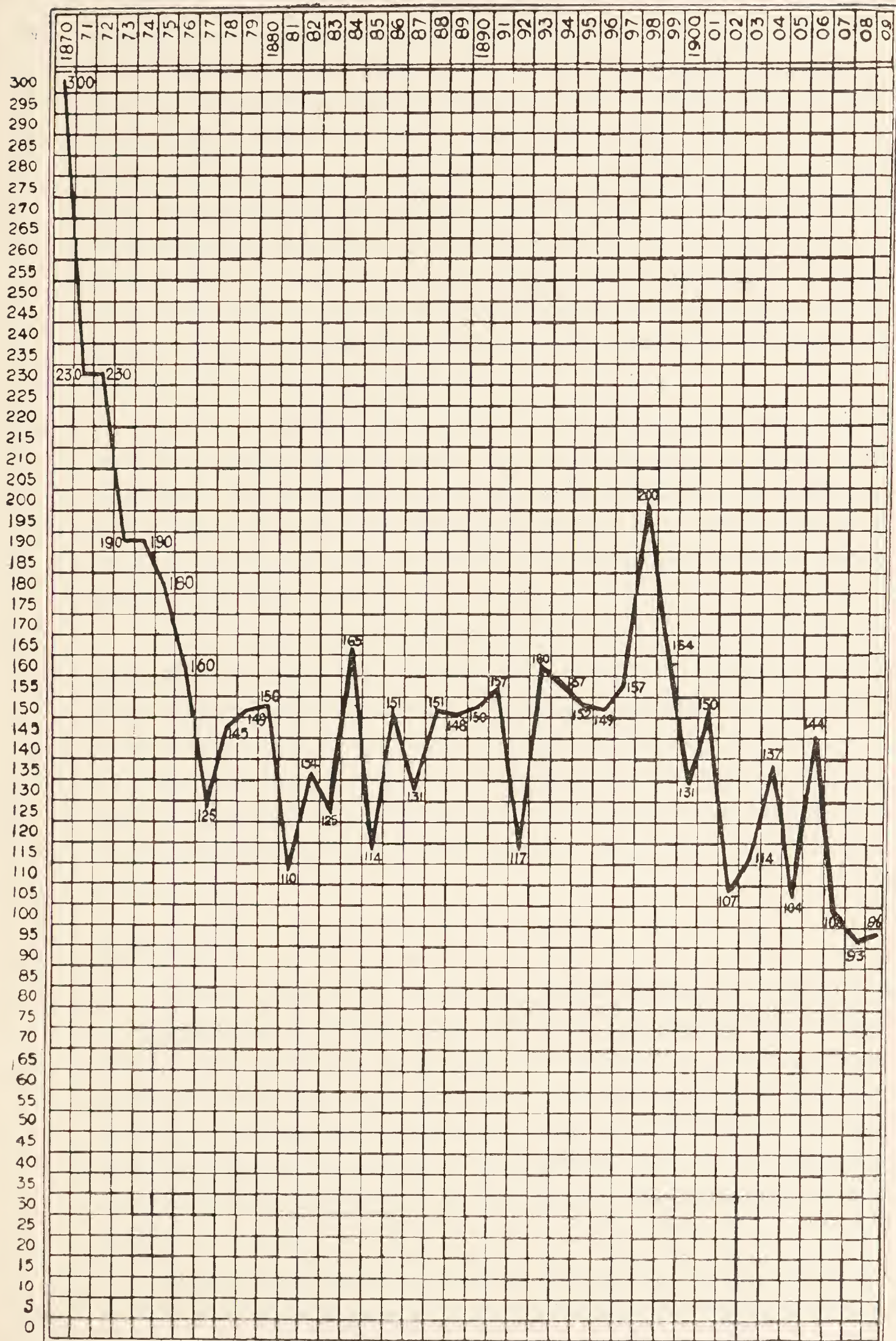
The comparison of this figure with that of the others of the 76 largest towns is given in the tables on pages 18 and 19.

The figure given here for Coventry differs slightly from that of the Registrar-General, for the reason that his calculations relate to the nearest number of complete weeks in the year, while this report deals only with the calendar year.

The Coventry Infantile Mortality figure may be regarded with a considerable amount of satisfaction; with the exception of that for 1908 this is the lowest figure locally on record. Also

COVENTRY INFANTILE MORTALITY

CHART SINCE 1870.



the rate is not only well below that of the country generally, but it is below the average of the 76 large towns, below that of the 143 smaller towns, and in addition, below that of rural England.

A comparison of Table 5 with those of previous years shows that the diminished infantile mortality rate is mostly due to the diminished number of deaths from Diarrhœa. This matter is dealt with under a separate heading. It may be here remarked that the diminution is probably mostly due to the exceptional meteorological conditions which prevailed in the summer months. It may also be thought that the exceptional measures that have been taken locally for the past four years, in the employment of a capable and tactful Health Visitor, should also be regarded as tending to reduce this mortality.

It will also be seen from Table 5 that no less than 105 deaths took place among infants under four weeks of age; of these, more than half, 53, were attributed to premature birth; as many as 38 of these occurred in the first week of life. No action of a sanitary authority can reasonably be expected to have much influence on this figure.

It may here be noted that a great discrepancy exists in the incidence of this rate among legitimate as compared with illegitimate children; among the former only 94 out of every 1,000 died; while of the latter, 213 out of every 1,000 died.

Miss Strover, the Health Visitor of the Health Department for the year, has prepared for me a statement of her work, and I am reproducing below that portion of it dealing with this subject:—

BIRTHS.

“ There were 2,601 births registered during the year. Out of this number I visited 1,117, and paid 637 re-visits to some of these. The mothers, as a rule, are pleased to receive advice relating to the welfare of the child; this relates to such points as feeding, clothing and cleanliness, with regular habits, the best way to maintain the supply of breast milk, and the importance of cleanliness and ventilation of the home. The provision of fire-guards is urged.

Frequently I am requested to call again, or am asked why I have not been before. Unsuitable feeding and mismanagement are usually overcome by a little persuasion.

FEEDING.

The attached table shows some of the particulars obtained. The greater number of infants were being breast-fed at the time of my first visit, but a large number of these were later given a bottle on account of the mother's milk diminishing.

COTS.

It was encouraging to find how many more babies are now put to sleep at nights in a cot, or some substitute for one, and at times I have been told by a mother, 'I took your advice before, and found the child so much better for sleeping alone, that I have started at once with this one in the same way.'

Defects, dirty premises, dilapidations, and overcrowding, are always noted, and when necessary reported to the Medical Officer of Health.

DEATHS.

There were 51 deaths of infants under twelve months old, whom I had previously visited. Four of these were certified as having died from 'Epidemic Enteritis,' 2 from 'Diarrhœa,' and 4 from 'Gastro Enteritis.' The others (41) had suffered with Measles, Marasmus, or Immaturity, etc. One was certified as 'Overlain by mother.' The causes of these deaths were all enquired into.

In many cases the corpse had to be kept in a living-room or bedroom used at the time by members of the family."

BIRTHS VISITED DURING THE YEAR 1909.

Total number, 1,117.

	Totals.	Percentage.
Kind of feeding—		
(1) Entirely breast fed.	813	72·7
(2) Hand and breast fed.	121	10·8
(3) Entirely hand fed.	150	13·4
(4) Unclassified.	33	2·8
Kind of food—		
(1) Fresh cow's milk and water. ...	167	61·6
(2) „ „ with barley or oatmeal water. ...	48	17·7
(3) „ „ with Patent Foods. ...	32	11·8
(4) Condensed Milk.	3	1·1
(5) Biscuits, bread-sop, etc. ...	21	7·7
Kind of bottle used—		
(1) Boat shape.	124	45·7
(2) Long Tube.	67	24·7
(3) Both.	28	10·3
(4) Spoon.	52	19·1
Class of house : rent—		
(1) Up to 5/-	673	60·2
(2) Above 5/- up to 8/-	373	33·3
(3) Above 8/-	38	3·4
Overcrowded Houses—		
More than two persons } No. of houses per bedroom.	670	59·9
Not classified—		
Wrong address given, or removed, or death of baby before visit. ...	33	2·8
Infants put to sleep at nights in a cot.	687	61·5

Zymotic Disease.

By the Zymotic Death Rate we understand the number of deaths per thousand of the population which are due to the seven common epidemic diseases. The numbers of these are as follows :—

		Notified.		Died.		Case Fatality per cent.
Small Pox	...	0	...	0	...	—
Scarlet Fever	...	704	...	24	...	3.4
Diphtheria	...	121	...	11	...	9.0
Typhoid Fever	...	16	...	4	...	25.0
Measles	...	—	...	67	...	—
Whooping Cough	...	—	...	29	...	—
Diarrhœa	...	—	...	18	...	—
				—		
				153		
				—		

This corresponds to a Zymotic death rate of 1.6. The average for the previous ten years has been 1.7. The proportion of this rate attributable to each of these seven diseases is shown below, together with a comparative statement of the similar figures for the rest of the country.

	Coventry	England and Wales.	76 Great Towns.	143 smaller Towns.	England and Wales less the 219 Towns.
Small Pox	·00	0.00	0.00	0.00	0.00
Scarlet Fever	·25	0.09	0.11	0.09	0.06
Diphtheria	·11	0.14	0.15	0.16	0.14
Typhoid Fever	·04	0.06	0.06	0.06	0.06
Measles	·71	0.35	0.48	0.33	0.21
Whooping Cough ..	·31	0.20	0.24	0.17	0.16
Diarrhœa	·19	0.28	0.38	0.27	0.17
	1.61	1.12	1.42	1.08	0.80

That part of the above table which relates to the rest of the country is taken from the quarterly report of the Registrar-General; it shows how, in regard to these seven diseases, the

mortality in this city compares with the rest of the country. It will be seen that in Scarlet Fever, Measles, and Whooping Cough, the Coventry mortality is greater than that for the rest of the country, but that in the case of Diphtheria, Typhoid Fever, and Diarrhœa, the Coventry mortality compares favourably with the rest of the country.

The accompanying table shows how the deaths from these diseases vary from year to year.

Deaths from the seven principal Zymotic diseases which have occurred in Coventry during the past 40 years:—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diarrhœa.
1870	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	9	15	18	28	45
1874	11	149	5	7	45
1875	..	4	7	16	..	16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
1906	..	4	12*	5	1	38	138
1907	..	1	10*	4	20	4	34
1908	..	1	8*	7	3	20	47
1909	..	4	11*	24	67	29	18
	229	208	282	328	714	629	1968

* The Deaths from Membranous Croup are here included.

Epidemic Diarrhœa.

Nine deaths were attributed to Epidemic Enteritis, and nine to Diarrhœa, making a total of 18. The comparison of this figure with those of previous years is given on page 39; it will be seen that the mortality from this disease was lower last year than it had been for a considerable number of years past; also it will be remembered that the "summer" of 1909 was one of the shortest for some years; only during about two weeks or so at the beginning of August was there any spell of sunny dry weather; I think that there is no doubt that this was the determining factor in causing such a mild incidence of the disease. It will be noticed from Table 4 on page 31 that the ward (Swanswell) which is the nearest to the refuse tip had the largest number of deaths (7) from Diarrhœal diseases, and Foleshill follows this with 6. While three wards—Hearsall, Radford, and All Saints'—had none.

Measles.

No less than 67 deaths were registered as due to this disease; the table on page 39 shews that this is a larger number than has been recorded in any previous year. Taking five years as the minimum age for school attendance it will be seen from the table on page 31 that 62 of these deaths occurred before school age, and only five at school age. A large number of school children were affected; the returns from the schools are given on page 106; this again illustrates the statement I have so often previously made, that the disease is comparatively of small importance so far as life is concerned among children over five years of age; that is to say that if the attack can be postponed until after the fifth year the disease is of little importance, compared to its severity in very young children.

The disease is not notifiable here except as regards school children, in which case notifications of alleged cases are due from the Head Teachers. The steps that were taken in regard to school notifications are detailed in connection with schools on page 104.

Scarlet Fever.

No less than 704 cases of Scarlet Fever were notified during the year, with 24 deaths, giving a fatality per cent. of 3.4. Reference to the table on page 42 shows that since the compulsory

notification of infectious diseases this is the largest number of cases yet recorded with the exception of 1901, when there were (with a considerably smaller population) no less than 781 cases. It will be seen from the table on page 42 that the attack rate per thousand of the population has been exceeded in three previous years.

Reference to the table of deaths from infectious diseases so far as our records go back on page 39 will show that in the seventies this disease sometimes caused a very high mortality, a mortality such as we are now unaccustomed to; as the disease was not then notified, it is not possible to say to what extent this was due to a greater prevalence of the disease, and to what extent it was due to a greater severity of the disease itself.

The cases were distributed throughout the city, but were most numerous in the Foleshill and Hearsall Wards.

The incidence of the disease has been high throughout the year except in June, July, and the early part of August, and in the last part of the year it has been very high.

We are usually accustomed to isolate in hospital over 90 per cent. of the cases notified, but owing to the limited hospital accommodation some selection of the cases had to be exercised, and only 80.3 of the cases were admitted to hospital.

The City Hospital was built to accommodate 62 patients; the average number in that hospital throughout the year has been 61; additional beds were obtained, and the maximum number accommodated at one time was 88. Early in the year an arrangement was made with the Foleshill Rural District Council for the admission of some patients to their hospital at Exhall; in all, 104 patients were sent to that hospital. The cost of this arrangement is given with the expenses of the City Hospital.

The steps that have been taken in the matter of the enlargement of the City Hospital are also detailed under that heading. A case occurred in which a child suffering from Scarlet Fever was conveyed from one house to another in a cab; the father was prosecuted and fined.

**Comparison of Scarlet Fever Cases, Removals to Isolation Hospital
and Deaths from Scarlet Fever.**

Year.	Estimated Population	Total No. of cases notified.	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000pop.	Per- centage removed to Hospital	Mort'lity per 1000 popula- tion.	Average Mort'lity per 10,000.
1870	37,300		18					·48	} 7·29
1871	37,670		5					·13	
1872	38,100		8					·20	
1873	38,450		15					·39	
1874	38,950		149					3·82	
1875	39,446		16		12			·40	} 4·03
1876	39,890		30		22			·75	
1877	40,344		19		36			·47	
1878	40,778		20		34			·49	
1879	41,222		7		46			·16	
1880	41,666		36		90			·86	} 1·37
1881	42,111		58		156			1·37	
1882	42,750		17		47			·39	
1883	44,000		2		26			·04	
1884	44,500		3		30			·06	
1885	45,000		10		97			·22	} 4·03
1886	45,500		18		84			·39	
1887	46,500		14		142			·32	
1888	47,500		6		162			·12	
1889	48,500		13		176			·26	
1890	49,500	67	2	3·0	58	1·35	86·5	·04	} 1·04
1891	52,724	42	0	·0	37	·79	88·0	·0	
1892	54,000	38	0	·0	27	·70	71·0	·0	
1893	54,700	33	0	·0	25	·60	75·7	·0	
1894	55,300	385	13	3·3	319	6·96	82·8	·23	
1895	56,000	439	19	4·3	408	7·66	92·9	·33	} 1·04
1896	59,151	313	9	2·9	288	5·29	94·2	·15	
1897	61,234	221	6	2·7	216	3·60	97·7	·09	
1898	61,555	278	10	3·6	266	4·5	95·3	·16	
1899	61,796	188	3	1·6	183	3·0	97·3	·04	
1900	70,075	637	17	2·5	609	9·09	95·6	·24	} 1·24
1901	70,300	781	18	2·3	384	11·1	49·1	·25	
1902	73,000	245	10	4·0	211	3·3	86·1	·13	
1903	75,700	121	5	4·1	110	1·6	90·9	·06	
1904	77,500	222	10	4·5	197	3·0	88·7	·13	
1905	81,000	249	1	·4	225	3·0	90·3	·01	} 1·24
1906	83,900	312	5	1·6	286	3·7	91·6	·06	
1907	87,000	247	4	1·6	229	2·8	92·5	·04	
1908	91,000	238	7	2·9	225	2·6	94·5	·07	
1909	93,500	704	24	3·4	566	7·5	80·3	·25	

Small Pox.

No cases of Small Pox were notified during the year.

Vaccination.

The following are the returns of the Vaccination Officer for the twenty-one years that have elapsed since the commencement of the anti-vaccination movement in Coventry :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1889	1512	187	1273	0	84.1
1890	1544	182	1221	111	79.0
1891	1727	228	587	888	34.0
1892	1718	174	118	1400	6.8
1893	1630	193	105	1304	6.4
1894	1590	170	103	1317	6.4
1895	1629	186	65	1378	3.9
1896	1679	251	594	834	35.3
1897	1928	220	151	1606	7.8
1898	1925	274	105	1545	5.4
1899	1888	203	1125	560	59.5
1900	2207	211	946	1050	42.8
1901	2112	247	1298	567	61.4
1902	2046	180	2076	666	101.4
1903	2169	167	2525	525	116.4 *
1904	2306	242	1901	532	82.4
1905	2152	181	1818	643	84.4
1906	2422	240	1748	1031	76.3
1907	2579	210	1880	1070	72.1
1908	2596	192	1524	1346	58.7
1909	2601	203	1385	1495	53.2

* Small Pox prevalent in 1903.

	Applications made.	Certificates granted.
1898 (last half)	... 981	... 976
1899	... 70	... 70
1900	... 163	... 162
1901	... 163	... 159
1902	... 207	... 207
1903	... 231	... 231
1904	... 219	... 219
1905	... 230	... 230
1906	... 352	... 352
1907	... 406	... 406
Declarations made of Conscientious Objections.		
1908	...	964
1909	...	1070*

* 5 of these were born in other districts.

It is my duty to place on record the above figures, which show the decline that is taking place in the practice of vaccina-

tion. There are numerous grounds for believing that the opinion held in well-informed quarters, that Small Pox may be expected shortly to be present in this country in an epidemic form is correct. The numerous sporadic cases that have recently been reported in inland towns, quite apart from seaports, lend colour to this. When this does occur the percentage of vaccinations will go up, tending to show that the objections are not entirely of a conscientious character.

A report of this nature is not the place for the insertion of propaganda, which are regarded as matters of opinion (among those who know nothing of the matter), but I think it reasonable to state that in my opinion, if "conscientious" objectors could spend some time, as I have done, in a large Small Pox Hospital, and see some hundreds of cases of this most loathsome disease, they would be advocates of any preventive measure which afforded any hope of protection against it. The protection afforded by vaccination is certain for a number of years. The hope originally held that the protection was lasting has been proved not to be correct; but the certainty above expressed remains.

Typhoid Fever.

Sixteen notifications of this disease were received during the year; and four deaths were registered as due to it. Of the sixteen cases notified 11 were admitted to the City Hospital; all of these were regarded as true cases of Typhoid Fever with the exception of one, which was an obscure case of illness, ultimately regarded as due to Gonococcal Septicaemia; after a prolonged stay in the Hospital without recovering, the patient was transferred to the Workhouse Infirmary. Of the 10 cases of Typhoid Fever admitted only one died; three other patients were admitted to the Coventry and Warwickshire Hospital, and one died; two other patients remained in their own homes, and both of these died. I have often previously expressed the opinion that, except in commodious houses where a day and a night nurse can be secured, patients with Typhoid Fever stand a much better chance of recovery when nursed in a hospital; and these figures bear out that opinion too plainly.

The table on page 67 shows how the year compares with previous years in regard to the number of cases of this disease.

In regard to the causation of the disease in these 15 cases, in three there was a history of having eaten mussels a short time prior to the illness; in 7 no trace of the origin could be found; it appeared probable that in one instance the infection was contracted in a neighbouring district; and four others certainly owed their origin to a common source; these four patients consisted of a father, mother, one child, and a neighbour who attended to those first ill; it appeared that these illnesses were due to a visit of a boy, a relative, from another town, who was stated to be convalescent from Typhoid Fever; many contradictory statements were wilfully made by those concerned, but there appears little doubt that the explanation given is the correct one.

Owing to the fact that mussels appeared to have caused some of the cases, and it being well known that in other towns a number of cases have been ascribed to them, Inspector Clarke made for me an investigation into the sources of mussels sold in the City so far as this could be ascertained; it was found that there appear to be eight shops in the city which regularly supply them, and three which only occasionally do so; these latter three obtain their mussels, when required, from other local salesmen; seven of the regular shops obtained their supply from seven dealers in the Birmingham market, while the remaining one obtains its mussels direct from County Kerry, or from Star Cross, in Devonshire. It is known that investigations have been made recently in Birmingham as to the origin of the mussels sold in that market.

The question of contaminated mussels is receiving more and more attention. At a recent meeting of the Lancashire County Council the following resolution was passed :—

“ That, in the opinion of this Council, the time has arrived when Parliamentary powers should be conferred on some authority to prohibit the taking of mussels for human consumption from beds known to be contaminated with sewage to such an extent as to be likely to cause the death of the person consuming them; and that a copy of this resolution be sent to the Presidents of the Board of Agriculture and Fisheries and the Local Government Board.”

The diminution of the prevalence of Typhoid Fever in recent years has been a source of considerable satisfaction to sanitarians; it has been abundantly proved by Dr. Boobyer, of Nottingham,

that there is less Typhoid Fever in water-closet towns than in pail-closet towns, and less in the latter than in privy-midden towns; it is also well known that a pure water supply is one of the great factors in diminishing the disease. There has therefore undoubtedly been a hope that improved sanitation would ultimately banish the disease. Recent knowledge, however, in regard to the length of time during which some convalescent patients remain infectious, the effects produced by "carrier" cases, and the great difficulty in identifying these and dealing with them lends colour to the belief that the final extermination of the disease will be very difficult.

Diphtheria.

During the year 121 cases of Diphtheria were notified, and 11 deaths were registered as due to it.

The table on this page shows how these figures compare with those of previous years, and Table 3 on page 30 shows how the cases were distributed throughout the whole of the 12 wards of the City.

Comparison of the Fatality, Incidence, and Mortality of Diphtheria in different years.

Year.	Estimated Population	Total No. of Cases Notified.	No. of Deaths Regist'd.	Fatality per cent.	No. of Cases Treated in Hospital	Attack Rate per 1000 Population.	Per-centage removed to Hospital	Mort'lity per 1000 Population.
1890	49,500	15	6	40·0	..	0·30	..	0·120
1891	52,724	14	4	28·5	..	0·26	..	0·075
1892	54,000	19	2	10·5	..	0·35	..	0·037
1893	54,700	10	2	20·0	..	0·18	..	0·036
1894	55,300	21	5	23·8	..	0·33	..	0·090
1895	56,000	12	6	50·0	..	0·21	..	0·100
1896	59,151	17	6	35·3	..	0·28	..	0·100
1897	61,234	25	10	40·0	..	0·40	..	0·160
1898	61,555	33	15	45·4	..	0·53	..	0·240
1899	61,796	53	16	30·2	..	0·85	..	0·250
1900	70,075	66	22	33·3	..	0·94	..	0·310
1901	70,300	139	31	22·1	..	1·97	..	0·440
1902	73,000	136	31	22·8	..	1·86	..	0·420
1903	75,700	127	34	26·7	..	1·67	..	0·450
1904	77,500	78	11	14·1	..	1·006	..	0·140
1905	81,000	67	13	19·4	..	0·82	..	0·160
1906	83,900	59	12	20·3	..	0·70	..	0·140
1907	87,000	43	10	23·2	..	0·49	..	0·110
1908	91,000	108	8	7·4	..	1·18	..	0·087
1909	93,500	121	11	9·0	..	1·20	..	0·110

As the question of the provision of hospital accommodation for Diphtheria is at present under the consideration of your Sanitary Committee, I have prepared a more elaborate table than usual concerning this disease; it will be seen from this that in late years there has been a distinct tendency for the fatality per cent. of the cases to be lower than in earlier years, and that this is especially marked in the last two years; I think there is little doubt that this is due to an increasing use of serum. The table also gives the mortality and incidence of the disease per thousand of the population, and the report on this matter in the appendix affords an opportunity for comparing these with the figures of other large towns.

In 99 cases applications were received for serum, showing that serum is now used in the large majority of the cases; reports concerning the results of the use of the serum were received from the medical men using it in all the cases; I think that this is the first year in which reports concerning the whole of the cases have been received.

From these reports the following particulars are collated:— The dose used has varied; in 17 cases 2,000 units were used; in 74 cases 4,000; in 4 cases 6,000; in 3 cases 8,000; and in one case 10,000 (being given in 5 repeated doses of 2,000).

The summary of the results is given below:—

Days of illness before use of Serum.	Cases.	Deaths.	Percentage of deaths.
One	23	1	4·3
Two	34	2	5·8
Three	19	—	—
Four	9	1	11·1
Five	1	—	—
Six	1	1	100·0
Seven	1	1	100·0
Not stated	11	2	18·1
	—	—	—
	99	8	8·0
	—	—	—

These figures are few, but so far as they go they bear out the experience of all previous years, viz., that the earlier the serum is given the greater is the chance of recovery; it will be noted that the fatality per cent. of all the 99 cases was 8; the remainder

of the notified cases amount to 22; of these we know nothing as to whether serum was used or not, but I think it may be safely concluded that in the majority it was not used; of these 3 died, or there was a fatality of 13.6 per cent.

Your Sanitary Committee instructed me to report to them concerning the whole question of the provision of hospital accommodation for Diphtheria; that report I presented on the 14th of December last; as that report contains much concerning the local incidence of the disease, I am appending a copy of it as an appendix to this report, and so avoiding the necessity of its insertion here.

Whooping Cough.

Twenty-nine deaths were registered as due to this disease; of these all but two occurred among children under five years of age; 66 alleged cases were notified from the schools.

Erysipelas.

Seventy-nine cases of this disease were notified, and three deaths were attributed to it.

Puerperal Fever.

Four cases of this disease were notified, and one death was ascribed to it. The comparison of these figures with those of previous years is given on page 67.

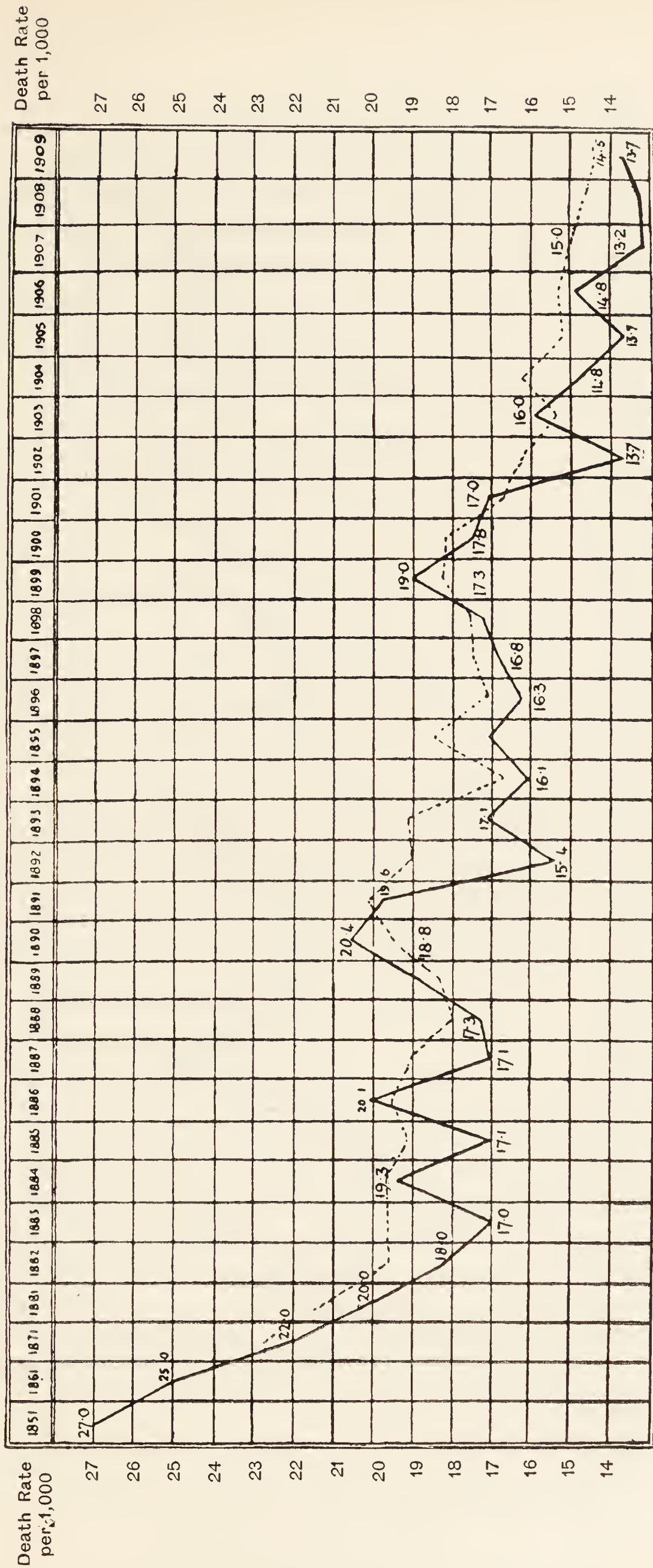
As there is certainly an intimate relation between this disease and the administration of the Midwives Act, the administration of that Act may conveniently be summarised here.

MIDWIVES ACT, 1902.

Thirty midwives notified their intention to practise in this City during 1909. The following are their names, addresses, and qualifications for admission to the Roll of Midwives :—

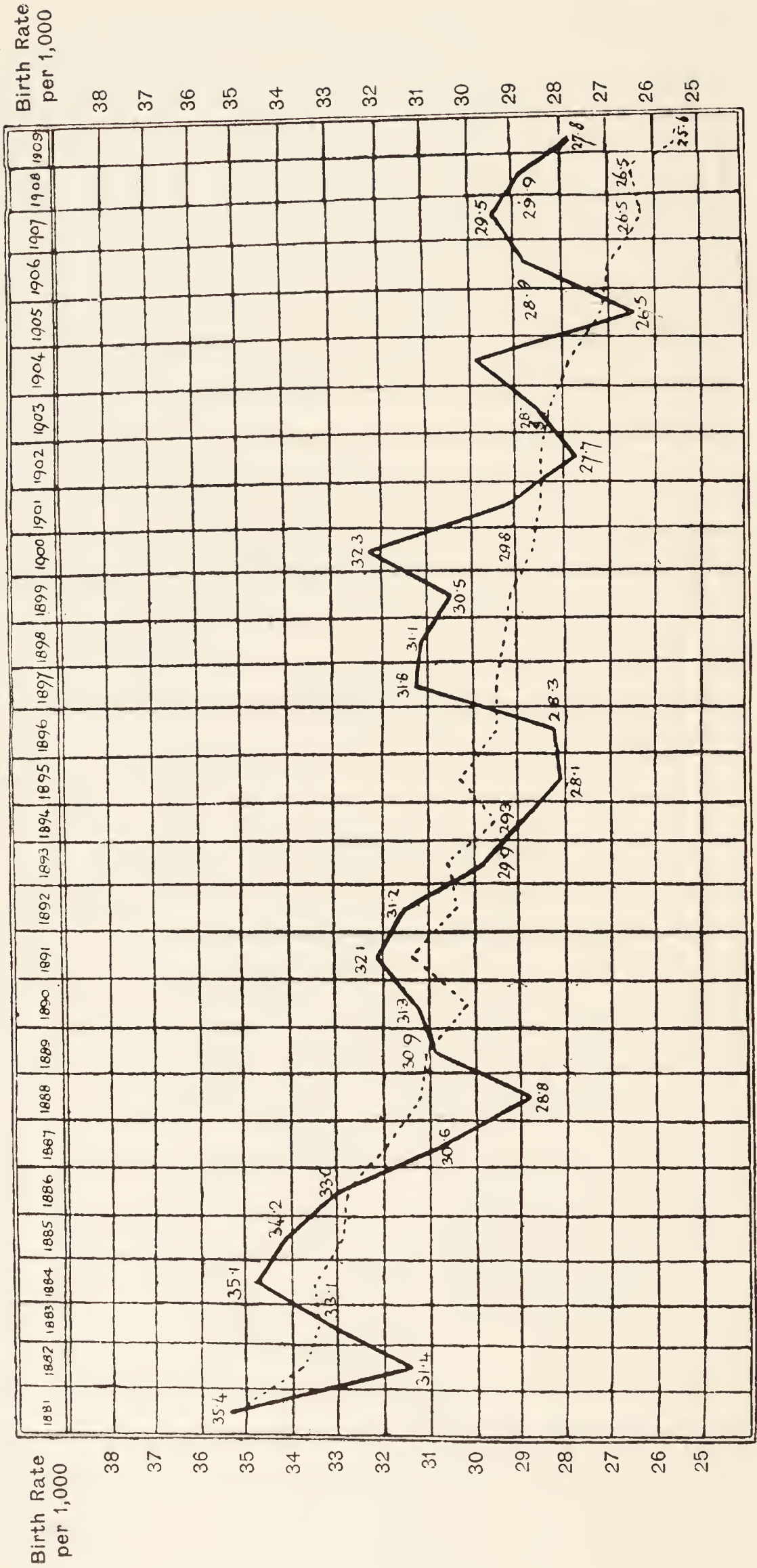
Name.	Address.	Qualification.
Miss L. Coltman ...	26, Bedford Street ...	C. M. B. Examination
Mrs. E. F. Gabriel ...	111, King Edward Road ...	„ „ „
„ H. L. Ives ...	67, Butts ...	„ „ „
„ M. Settle ...	199, Gulson Road ...	„ „ „
Miss R. Ward ...	32, Bull's Head Lane ...	„ „ „

CHART SHOWING DECLINE OF COVENTRY DEATH RATE SINCE 1851.



Dotted line indicates Death Rate for England and Wales.

CHART SHOWING DECLINE OF COVENTRY BIRTH RATE SINCE 1871.



Dotted line indicates Birth Rate for England and Wales.

Decennial Average

MIDWIVES—*continued.*

Name.	Address.	Qualification.
Mrs. J. Ball	17, Barras Lane	City of London Lying-in Hospital
„ A. E. Charlton ...	4, Union Street	„ „ „
„ L. E. Hellier ...	13, Norfolk Street	„ „ „
„ C. A. Seeney ...	Hill Farm, Stoneleigh ...	„ „ „
„ S. Dowell ...	20, King Edward Road ..	License of Obstetrical Society
„ E. A. Heatley ...	27, Station Street East ..	„ „ „
„ M. J. Inkpen ...	“Lindon House, Maternity Home,” Foleshill Road ...	„ „ „
„ A. E. Musson ...	91, King Edward Road ...	„ „ „
„ J. R. Swift ...	92, Foleshill Road	„ „ „
„ A. M. Weston ...	152, Stoney Stanton Road	„ „ „
„ S. Cramp ..	238, Lockhurst Lane ..	Bonâ-fide
„ E. Clarke ...	137, Station Street East ..	„ „
„ A. M. Clarke ...	“Fox House,” Cook Street	„ „
„ S. Carpenter ...	92, Holmsdale Road ...	„ „
„ E. Evetts ..	41, White Friars' Street ..	„ „
„ A. Foster ...	34, Princess Street ...	„ „
„ R. Green ...	17, Lower Wellington Street	„ „
„ A. P. Haughton	78, Smith Street	„ „
„ A. M. Newbold...	Leicester Road, Longford ...	„ „
„ S. Rollason ...	9, King William Street ...	„ „
„ A. Sephton ...	55, Eden Street	„ „
„ J. Settle ...	88, Queen Victoria Road ...	„ „
„ R. Timms ...	50, Castle Street	„ „
„ E. Warner ...	77, Raglan Street	„ „
„ E. White ...	19, S. Peter's Street ...	„ „

Ninety-one visits were paid to the midwives by the Health Visitor during the year; these visits are mainly in order to inspect their bags, instruments, registers, and clothing. Miss Strover reports that there is a satisfactory improvement in the way in which the registers are kept.

Notifications were received from 18 midwives concerning their having called in the assistance of medical men on 227 occasions; this is an increasing figure, and probably indicates that the midwives are now getting to understand the rules better.

Two midwives notified a death of a patient in the practice of each; 55 cases of still-birth were notified by midwives.

Some laxity still exists among midwives in the matter of calling in medical assistance in the case of inflammation of the eyes of infants. Letters were sent out to 26 midwives drawing their attention to the importance of this rule.

One midwife was cautioned for failure to notify a case of still-birth; and one for neglecting to notify the fact of calling in medical aid.

From the registers of the midwives it appeared that during the year 1,964 of the births were attended by them; it will thus be seen that the large proportion of births in Coventry are attended by midwives.

A weakness in the Act has long been recognised, in that although the Act makes it compulsory on midwives in certain specified emergencies to send for medical help, there is nothing in the Act to make it compulsory on a medical man to attend, and in many cases (where no fee is forthcoming) nothing to induce him to attend. On this matter I presented the following report to your Sanitary Committee on March 16th:—

“ Ever since this Act came into force difficulty has arisen in regard to the calling in of medical men to poor patients by midwives. Under the rules of the Central Midwives Board there are certain circumstances existing in regard to the health of the mother or the child which render it compulsory on the midwife to request the attendance of a medical man.

A number of cases arise where the patient is not in a position to pay for a medical man; in fact, it is because of this consideration in most cases that a midwife is engaged. To get over this difficulty the Local Government Board, on July 27th, 1907, sent a circular letter to Boards of Guardians, making certain suggestions which might meet the position; broadly speaking, these suggestions were to the following effect:—That in such cases of poverty and urgency the usual routine of applying to the Relieving Officer for an order for the attendance of one of the District Medical Officers and the proving of the destitution of the patient should be done away with, and that the midwives should be instructed by the Guardians that in the event of such cases arising, they should request the attendance of the nearest or any other available medical man, and that the Guardians, in the event of the patient not being able to pay his fee, would be responsible for this.

I have recently communicated with the Clerk to the Guardians on the matter, asking if the Coventry Guardians had taken any action to comply with the request of the Board. I am informed that a resolution intended to meet the difficulty has recently been passed, and that this resolution will in due course be communicated to Medical Practitioners in the City, and also to the midwives."

I am given to understand that this communication has since been made to the medical men practising in the City, and, at any rate in this City, the difficulty is for the time met.

Tuberculosis.

The table on page 52 shows that there were 97 deaths registered as due to Phthisis, and 37 as due to other forms of Tuberculosis during the year, or a total of 134 deaths from all forms of Tuberculosis. That table also shows that there were few previous years which had a lower rate from Phthisis or from all forms of Tuberculosis. The last column shows the average death rate from all forms of Tuberculosis during successive periods of six years each; the figures in that column clearly demonstrate the slow but progressive decline which is taking place in the death rate from this disease.

For some years a voluntary form of notification has been in force here; the Charity Organisation Society has also notified a certain number, and we have also been accustomed to rely on the fortnightly returns of pauper sickness for information concerning the incidence of the disease among paupers. At the end of the year 1908, the Local Government Board issued Regulations concerning the notification of paupers suffering from this disease, and on these Regulations I presented the following report to your Sanitary Committee on January 18th, 1909:—

"A communication has been received from the Local Government Board drawing attention to the Regulations which they have recently made under Section 130 of the Public Health Act, 1875, concerning the notification of Poor Law cases of Pulmonary Tuberculosis.

Under these Regulations it becomes necessary for the Medical Officer of a Poor Law Institution to notify, within 48 hours, after his first recognition of the symptoms of Pulmonary Tuberculosis in the case of a poor person if he is an inmate of the Institution.

Deaths from Tuberculosis during the last 36 years.

Year.	Esti- mated Popu- lation.	Phthisis.	Phthisis. Death Rate.	Other forms of Tuber- culosis.	Totals.	Tuber- culosis Death Rate.	Averages. Tuber- culosis Death Rates.
1874*	39,000	38	1.94	12	50	2.56	2.53
1875	39,446	83	2.14	34	117	2.96	
1876	39,890	70	1.76	22	92	2.30	
1877	40,344	66	1.63	29	95	2.35	
1878	40,778	84	2.06	13	97	2.37	
1879	41,222	89	2.15	22	111	2.68	2.15
1880	41,666	78	1.87	36	114	2.74	
1881	42,111	65	1.54	28	93	2.20	
1882	42,750	62	1.47	22	84	1.96	
1883	44,000	74	1.78	15	89	2.02	
1884	44,500	82	1.84	18	100	2.24	1.93
1885	45,000	72	1.60	16	88	1.74	
1886	45,500	60	1.31	13	73	1.60	
1887	46,500	70	1.50	25	95	2.04	
1888	47,500	61	1.28	15	76	1.60	
1889	48,500	103	2.12	11	114	2.33	1.82
1890	49,500	91	1.84	21	112	2.26	
1891	52,724	78	1.47	14	92	1.74	
1892	54,000	79	1.46	33	112	2.07	
1893	54,700	70	1.28	30	100	1.82	
1894	55,300	73	1.32	32	105	1.88	1.72
1895	56,000	70	1.25	27	97	1.73	
1896	59,151	86	1.45	19	105	1.78	
1897	61,234	69	1.12	33	102	1.66	
1898	61,555	64	1.03	28	92	1.49	
1899	61,796	85	1.37	29	114	1.84	1.51
1900	70,075	105	1.49	36	141	2.01	
1901	70,300	83	1.18	35	118	1.67	
1902	73,000	81	1.10	39	120	1.64	
1903	75,700	87	1.15	43	130	1.71	
1904	77,500	78	1.00	30	108	1.39	1.51
1905	81,000	75	0.92	29	104	1.28	
1906	83,900	88	1.04	40	128	1.51	
1907	87,000	108	1.24	42	150	1.72	
1908	91 000	120	1.31	41	161	1.76	
1909	93,500	97	1.03	37	134	1.43	

* Latter half of year only.

It also becomes compulsory on the district Medical Officers similarly to notify cases coming within their practice among patients whom they see for a Board of Guardians.

It is also made compulsory on the Superintending Officer of every Poor Law Institution to notify the fact of the removal of any such pauper case from the Poor Law Institution, giving the intended place of destination and address to which the person is going.

It is further made compulsory on all Relieving Officers to similarly notify any changes of address concerning persons in

respect of whom notification has been made by a district Medical Officer.

These several notifications have to be made on prescribed forms, and it is the duty of the Guardians to provide the forms.

Provision is made for the remuneration of the medical men notifying such cases at the rate of 1/- per notification, except where a second notification of the same case is received, in which case 6d. per notification only is payable. In the case of a Superintending Officer of a Poor Law Institution, or a Relieving Officer, the remuneration is at the rate of 3d. per notification. These fees are payable by the Sanitary Authority.

The Board lays stress on the fact that the Regulations especially provide that nothing shall be done in respect to a person in relation to whom a notification has been made, which would render him, or any other person liable to a penalty, or subject him to any restrictions, prohibitions, or disability, affecting him or his employment, occupation, means of livelihood or residence, on the ground of his suffering from Pulmonary Tuberculosis.

The Board propose to issue for the use of Sanitary Authorities and Medical Officers of Health a Memorandum by their Medical Officer setting out the appropriate action that can be taken under the powers possessed by Sanitary Authorities.

These Regulations came into force on the 1st January last.

It may be observed that a form of notification of pauper cases of consumption was provided for by a Memorandum of the Local Government Board issued in 1879. That Memorandum provided for the notification of all cases of pauper sickness by the District Medical Officer if the Sanitary Authority called for it. It also provided for similar lists of fresh cases of pauper sickness to be provided by the Clerk to the Guardians at a reasonable remuneration, if the Sanitary Authority requested the furnishing of these lists. This form of notification of all cases of pauper sickness has been in vogue in Coventry, under that Memorandum of 1879, for some years.

It will be seen that the new Regulations of the Board make provision for the notification of removals of known cases; to that extent, therefore, the present Regulations are an improvement on the past system. Further than that, the past system only gave us information concerning the first, and often only the

provisional diagnosis, of the district Medical Officer. If, subsequently, during his attendance on the patient, he had reason to form the conclusion that the patient was suffering from Phthisis, no machinery existed for the conveyance of that information to the Sanitary Authority."

There were notified 66 cases by medical men under the ordinary voluntary form of notification, and 15 others were notified under the Local Government Board Regulations.

Of these it appeared desirable to visit 76; visits were paid by the Health Visitor, and many of them were re-visited; during these visits the patients are instructed as to the necessity of expectorating into suitable receptacles, and having contents afterwards burnt, the importance of open windows and of collecting all dust with damp cloths; a printed sheet of precautions is also left.

Following a report of mine on the matter your Sanitary Committee resolved to provide pocket sputum flasks for poor patients. Where their provision appears appropriate, the Health Visitor gives a printed order, which on presentation at the Health Department is exchanged for a pocket flask.

Among the notified cases there were 48 deaths.

All private houses where deaths from Pulmonary Tuberculosis are certified to have occurred are visited in the course of a few days by the disinfectors; all clothes and bedding which it appears desirable to disinfect are disinfected; this cannot be insisted on, but practically no objection to the course is ever offered; also where it appears desirable to effect disinfection of premises this is effected; in many cases the requisite disinfection consists in the scrubbing of the floors (preferably with chloride of lime), and the rubbing down of the walls with dough; where further cleansing, *e.g.*, limewashing or papering, is necessary, I present a certificate to this effect to the next meeting of the Sanitary Committee under Section 46 of the Public Health Act, 1875, and the necessary order is issued; this formal process necessarily involves some delay, but in most cases this is avoided by the issue of a preliminary and informal notice, and the work is generally done as a sequel to this notice, and before the statutory notice is authorised.

During these visits the disinfector collects certain information for statistical purposes, and the principal points of this information are given in the following tables:—

DEATHS FROM PHTHISIS.

Machinists	13	Watch Manufacturer ...	1
Railway Ticket Inspector	1	Iron Driller	1
Shoe Makers	3	Baker	1
Engine Fitters	2	Printers	2
Housewives	21	Blouse Trimmer ...	1
Engine Turner	1	Watch finisher	1
Coach Trimming Weaver	1	Bellringer	1
Wine Merchants' Porters	2	Draper's Porter	1
Watch Case Maker ...	1	Ironmonger's Porter ...	1
Cycle Rim Maker ...	1	Cycle Plater	1
Labourers	3	Stores Keeper	1
No occupation	17	Gas burner fitter ...	1
Dressmaker	1	Coachman	1
Dress Pattern Weaver ...	1	Iron Polisher	1
Tailoress	1	Silk Warper	1
Electricians	2	Watch Jeweller	1
Hairdresser	1	School Caretaker ...	1
Motor Machinist	1	Licensed Victualler ...	1
Bricklayer	1	Tape Weaver	1
Carpenter	1		
Sand Blaster	1		
		Total	96

Duration of Illness—

Under 6 months	8
Between 6 months and 1 year	35
Between 1 and 2 years	28
Over 2 years	25
	96

Duration of Cough—

Under 6 months	19
Between 6 months and 1 year	31
Between 1 and 2 years	28
Over 2 years	18
	96

Confined to Bed—

One week or less	...	...	...	37
Between 1 and 2 weeks	...	...	...	15
Between 2 and 4 weeks	...	...	...	18
Between 1 and 2 months	...	...	...	10
Over 2 months	...	...	...	16
				<hr/>
				96
				<hr/>

Rent—

£20 or over	...	...	...	6
6/- to 8/6 per week	...	...	...	45
4/6 to 6/- per week	...	...	...	19
Under 4/6 per week	...	...	...	26
				<hr/>
				96
				<hr/>

Bedrooms—

1 or 2 bedrooms	...	...	...	41
3	„	...	...	48
4	„	...	...	4
5	„	...	...	2
6 or more	„	...	...	1
				<hr/>
				96
				<hr/>

Number of houses not through ventilated ... 15

The figures given in the last two tables show—what has been shown in previous reports—viz., that it is the poor who are specially liable to suffer and die from this disease. On this point I quote from “The Prevention of Tuberculosis,” by Dr. News-holme:—“Poverty and Tuberculosis are allied by the closest bonds, and nothing can be simpler or more certain than the statement that the removal of poverty would effect an enormous reduction of the death-rate from tuberculosis.”

In recent Annual Reports I have entered so fully into the measures which may be considered as of importance in the prevention of this disease, that it seems needless to recapitulate them here. Put shortly, I think it may be said quite accurately that every improvement in the housing conditions of the people may

be counted to the good in the mitigation of this scourge. The mere structural improvement of houses, however, will not in itself be sufficient; until people can learn to live and sleep in rooms with open windows, the disease will always be with us. Personally I am of the opinion that if this course were adopted throughout, the mortality from this disease would be reduced by 50 per cent. in three years.

There are of course dangers from tuberculous milk, tuberculous meat, and other sources of infection; I have never attempted to exaggerate those dangers; we are all exposed to them daily; the receptivity of the soil is of as much consequence as the fertility of the seed; by healthy living the "soil" can be rendered immune to the seed. These remarks apply to Tuberculosis; if the same applied to all the other infectious diseases we could banish them all.

Until last year your Sanitary Authority had confined its attention, so far as this disease was concerned, to purely preventive measures; early in the year, however, your Council, on the recommendation of your Sanitary Committee, embarked on an experiment dealing with the curative side of the question, and six beds were hired at the Winsley Sanatorium, near Bath, for a period of three years. So far as I have understood the intention of your Council in this matter, it has been laid down that they were exclusively for early and possibly curable cases of this disease. By those who are at all acquainted with the literature of this matter, it will be understood that these beds are only intended for a very specially selected and small number of persons suffering from Tuberculosis. In previous reports I have endeavoured to make it clear that a sanatorium, however valuable it may be, is not a panacea for all consumptives; it is true that they will mostly benefit by a sojourn in one, but only in the very earliest cases can a cure be reasonably hoped for. Our experience so far has been that we have not been able to keep the six beds at the Winsley Sanatorium filled with reasonably curable cases; they have never been allowed to remain empty; but in keeping them occupied quite a number of patients have been sent who could not under any circumstances be regarded as appropriate sanatorium cases.

From many points of view it is undesirable to attempt to draw any conclusions from a mere experience of nine months' use

of these beds; but at the same time it is my duty to report concerning the patients who have been sent; I am therefore appending a short resumé of the main particulars of the patients who have occupied these beds during the nine months; also as a completion of the report I am appending a statement, so far as it could be obtained, of the after-history of those applicants to whom beds were not allotted; with such a short period of observation, I hesitate to classify any cases as cured, but from my personal observations I think that several of the patients treated at Winsley during the year will be found to be, on subsequent examination, quite free from the disease. It would be an omission on my part if I were not further to say that there has been a unanimity of opinion among the discharged patients from Winsley that I have seen, in regard to the generally kind and considerate way in which they are dealt with there.

It may be here stated that one of the difficulties which has been met with has been the obtaining of suitable open-air employment for certain of the discharged patients; and further, that there is a distinct need for hospital accommodation for those phthisical patients who cannot be regarded as curable, but only as improvable; if such accommodation were provided, many more than six beds would be required.

I append below the summarised histories of the applicants for the Winsley beds received during the year:—

APPLICANTS ADMITTED TO THE COVENTRY BEDS OF THE WINSLEY SANATORIUM.

No. 1. Female, age 23. Admitted March 26th, 1909. Discharged July 15th, 1909. Medical Officer of Winsley Sanatorium reported, "An early case who can continue treatment at home, and should do well." Is said to have gained 16lbs. in weight while at Winsley and during the following months, but (January 12th, 1910, has since gone back), is now about the same in health as a year ago.

No. 2. Male, age 36. Admitted March 25th. Discharged July 7th. Medical Officer of Winsley Sanatorium reported, "Improved; may resume work shortly." Left before his time on account of his wife's illness. Had gained 25lbs. in weight. January 14th, 1910. Patient states that now he feels no better for his stay at Winsley, and is applying for admission to the

Brompton Hospital. He commenced to work on August 9th, but was compelled to give it up owing to hæmorrhage. January 31st. Did not gain admission to Brompton; has lost 24lbs. in weight since leaving Winsley.

No. 3. Female, age 20. Admitted March 26th. Discharged July 15th. Winsley report: "Chronic case, much improved." January 15th, 1910. Improvement continued.

No. 4. Male, age 32. Admitted March 25th. Discharged May 20th. Returned home unimproved. Died August 8th. (Note.—This patient was not a suitable case for sanatorium treatment, and was only sent because there was no better applicant).

No. 5. Male, age 22. Had been in Brompton Hospital in the early part of 1908 for 13 weeks. Admitted March 25th. Discharged May 20th. Returned home improved. Recommended urgently to obtain outdoor employment, but has found a difficulty in doing so. November 23rd. Does not feel so well; cough worse, and breathing worse; has lost 12lbs. since leaving Sanatorium.

No. 7. Male, age 32. Admitted March 25th. Discharged July 14th. Winsley report: "Chronic case, improved sufficiently to be able to resume work." Died October 30th.

No. 8. Female, age 17. Admitted May 20th. Discharged July 15th. Winsley report: "Has Laryngeal Tuberculosis; very doubtful whether she will make any more improvement." January 21st, 1910. On enquiry it is found that she is now very ill; great weakness; confined to bed. Died 15th February, 1910.

No. 13. Male, age 23. Admitted May 22nd. Discharged July 10th. Winsley report: "May safely return to work as he seems completely recovered." January 17th, 1910. Re-examined; improvement has been maintained; has been at work continuously since discharge.

No. 15. Female, age 27. Admitted July 6th. Discharged November 5th. Winsley report: "Has done well, and with care should make a complete recovery." January 14th, 1910. Improvement continued.

No. 17. Male, age 30. Admitted July 19th. Discharged January 6th, 1910. His prolonged detention at the Sanatorium was partly due to the absence of a more suitable applicant

and partly due to the fact that it appeared likely that his improvement would disappear if he returned and was unable to obtain outdoor employment, which in this case appeared doubtful. Winsley report: "Fit for work." January 8th, 1910. Has gained 20lbs. while at Sanatorium; feels well; communicated with Labour Bureau in regard to obtaining outdoor employment. January 26th, 1910. Has not yet obtained work.

No. 19. Male, age 29. Admitted July 15th. Discharged November 4th. Winsley report: "Has done very well, and has no signs of active disease now; he may return to work." November 5th. Feels quite well. January 26th, 1910. Patient states that he is now quite well.

No. 21. Male, age 32. Admitted July 15th. Discharged September 9th. Winsley report: "Some temporary improvement." January 14th, 1910. Patient's wife says that he was much better for some time after returning from Winsley, but has been worse this last month.

No. 22. Male, age 44. Admitted July 15th. Discharged September 9th. Winsley report: "Improved." January 14th, 1910. Improved condition continues; is at work.

No. 24. Male, age 29. Admitted July 15th. Discharged November 4th. Winsley report: "Has done very well, and may return to work." January 13th, 1910. Good health maintained.

No. 27. Male, age 35. Admitted September 13th. Discharged January 3rd, 1910. Winsley report: "Able to resume work." January 5th, 1910. States that he gained 26lbs. in weight while in Sanatorium; is greatly improved, and seems in entirely good health.

No. 34. Female, age 11. Admitted September 13th. Discharged January 6th, 1910. Winsley report: "Improved." Was at Holt Sanatorium in the early part of 1909 for 13 weeks.

No. 42. Male, age 27. Admitted November 12th. Discharged January 25th, 1910. Slight improvement at first, but has since gone back. His further remaining at Sanatorium considered useless, and so he has returned.

No. 43. Female, age 31. Admitted November 12th. Still at Winsley.

No. 44. Female, age 28. Admitted November 12th. Still at Winsley.

No. 45. Male, age 24. Admitted January 12th, 1910. Still at Winsley.

No. 47. Male, age 26. Admitted January 10th, 1910. Still at Winsley.

No. 49. Male, age 33. Admitted January 10th, 1910. Still at Winsley.

APPLICANTS FOR COVENTRY BEDS AT THE WINSLEY SANATORIUM, TO WHOM BEDS COULD NOT BE, OR WERE NOT, ALLOTTED.

No. 6. Male, age 34. Examined March 13th. Considered unsuitable. Died July 13th.

No. 9. Female, age 50. Not considered to have Pulmonary Tuberculosis, but another chest complaint. Went to St. Joseph's Home, Bournemouth, for one month; returned November 6th, feeling stronger, and with cough mostly gone.

No. 10. Male, age 19. Application received March 27th. Was selected for a Winsley bed, and communicated with on March 31st to this effect, but was said to be too ill to go. Died June 16th.

No. 11. Male, age 28. Application received April 1st. Examined same day. Considered unsuitable. Died April 5th.

No. 12. Male, age 23. Application received April 2nd. When the time arrived for the examination of applicants for Winsley vacancies towards the end of May, he had been admitted to St. Joseph's Home, Bournemouth, and went from there to Ventnor Sanatorium; was away four or five months altogether. January 14th, 1910: He is stated to be much better, and to be at work.

No. 14. Female, age 22. Application received April 25th. Considered unsuitable; both lungs seriously affected. Died August 23rd.

No. 16. Female, age 21. Application received April 25th. When her turn came for examination, by June 15th, she was too ill to attend for examination. Died September 6th.

No. 18. Female, age 17. Application received May 28th. Before the meeting of the Selection Committee to fill vacancies, early in July, she had been admitted to the Brompton Hospital.

January 21st, 1910: Health Visitor's report: "At home; very weak; has bed downstairs, and sits up for a short time." Died February 23rd.

No. 20. Male, age 17. Application received June 4th. Not considered to have Pulmonary Tuberculosis. January 14th, 1910: He is reported to be much better, and is at work.

No. 23. Male, age 25. Application received June 18th. Application withdrawn. January 26th, 1910. Is now said to be very ill; not able to get about. Died March 10th.

No. 25. Male, age 24. Application received June 24th. Extensive disease in both lungs; considered unsuitable. Died July 16th.

No. 26. Female, age 33. Not considered to have Pulmonary Tuberculosis. Further history unobtainable owing to removal.

No. 28. Male, age 29. Application received July 8th. Extensive disease of both lungs; chronic case. January 14th, 1910: Patient's condition said to be about the same.

No. 29. Male, age 39. Application received July 17th. Refused on grounds of residence.

No. 30. Male, age 29. Disease extensive. Further history unobtainable, applicant having left Coventry.

No. 31. Male, age 43. Application received August 24th. Disease extensive. Died January 19th, 1910.

No. 32. Male, age 24. Application received August 25th. Refused on grounds of residence.

No. 33. Female, age 24. Application received September 1st. Obtained admission to St. Joseph's Home, Bournemouth. January 3rd, 1910: Said to have returned home about six weeks ago and now very ill.

No. 35. Male, age 30. Application received September 6th. Extensive disease of long duration; he received a nomination for a bed. October 25th: Has been away in the country and found this improved him. January 15th, 1910: He is stated to be now much better.

No. 36. Female, age 23. Application received September 8th. Found to be too ill to make the journey. January 13th, 1910: Very ill in bed. Died January 31st, 1910.

No. 37. Male, age 31. Application received September 10th. Extensive disease of both lungs. Died December 26th.

No. 38. Male, age 40. Application received September 18th. Extensive disease of both lungs. January 14th, 1910: Said to be much worse; very weak.

No. 39. Male, age 50. Application received September 24th. Advanced case, with extensive lung mischief; history of cough and expectoration for four years; considered to be too chronic for sanatorium treatment. January 14th, 1910: Is stated to be now better and able to work.

No. 40. Female, age 47. Application received September 30th. Not considered to be suffering from Pulmonary Tuberculosis.

No. 41. Male, age 19. Application received October 4th. Examined November 9th. Son of No. 39. Extensive lung and kidney mischief. Died December 4th.

No. 46. Female, age 17. Application received December 8th. Pending. Has promise of bed in Victoria Park Hospital for Diseases of the Chest.

No. 48. Female, age 18. Application received December 18th. Too ill to go to Sanatorium. Died February 17th, 1910.

BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

An increasing advantage is being taken of the facilities afforded by your Corporation to medical men to obtain bacteriological assistance in the diagnosis of infectious disease. The total number of specimens examined is given below:—

	Samples sent.	Result positive.	Result negative.
Typhoid fever ...	17	12	5
Diphtheria ...	107	20	87
Phthisis ...	90	43	47
Total ...	<hr/> 214 <hr/>		

Of the above specimens 38 were sent from the City Hospital, and 24 from the Coventry and Warwickshire Hospital.

In addition, 9 samples of hair from school children were examined when suspicion of ringworm existed; of these 5 gave positive results and 4 negative.

Cerebro-Spinal Fever.

Two deaths of children were registered during the year as due to this cause. The disease is not now notifiable here.

Cancer.

Under this heading are included all forms of malignant disease; during the year 65 deaths were attributed to different forms of this disease; in the death returns these were designated as follows :—

Cancer	...	...	...	...	16
Scirrhus	...	...	...	...	2
Carcinoma		...	...	...	28
Epithelioma		...	...	...	6
Sarcoma	...	...	...	...	4
Malignant disease	...	...	...	...	6
Malignant growth	...	...	...	...	3
					—
					65
					—

The frequency with which the different parts of the body were affected was as follows :—Tongue, 3; Jaw, 4; Oesophagus, 3; Breast, 5; Stomach, 8; Pylorus, 1; Intestines, 7; Rectum, 6; Pancreas, 2; Liver, 6; Omentum, 1; Peritoneum, 2; Abdomen, 2; Kidney, 1; Lung, 1; Testicle, 1; Uterus and appendages, 12.

The variations that occur in the deaths from malignant diseases are shewn by the following figures :—

1900	...	48	1905	...	52
1901	...	67	1906	...	72
1902	...	42	1907	...	39
1903	...	70	1908	...	83
1904	...	63	1909	...	65

There is nothing to add to what has been said previously in these reports as to the absence of any specific cure for this disease.

Alcoholism.

One death was attributed to Alcoholism and 21 to Cirrhosis of the Liver; alcohol is generally the cause of this complaint. Four deaths among young infants were ascribed to overlaying; this is often due to intoxication on the part of one or other parent; it may however not be due to this; anything producing abnormally heavy sleep on the part of the parent, or excessive weakness on the part of the infant may bring about this accident. It is on this account that it is made one of the duties of the Health Visitor strongly to advise mothers to obtain a separate cot or some substitute for a cot for the infant to lie in. Reference to the work of the Health Visitor on page 37 will show the amount of success met with in this matter. It must, however, be remembered in this connection that under existing circumstances the Health Visitor often does not visit until six or seven weeks after the birth of the infant, and her visits are to that extent discounted.

Other Causes of Death.

I am appending to this report an extended schedule of the causes of, and ages at, death of those deaths properly belonging to the City which occurred during the year. This gives more detailed information in regard to the causation of death, and is divided into smaller age groups than the table on page 31. No less than 49 deaths were attributed to accident or negligence, including one due to homicide and ten to suicide. In one case the cause of death was so ill-defined that it was impossible to classify it.

Uncertified Deaths.

There were 33 uncertified deaths during the year, that is deaths concerning which no medical certificate is forthcoming and regarding which no inquest is held. Apart from the fact that such an uncertified number of deaths leaves an undesirable hiatus in our vital statistics, which ought not to exist, it shews a laxity in our methods of death registration, to which attention has long been drawn without avail. In England and Wales during 1907 there were no less than 7,596 uncertified deaths, or 1.45 per cent. of the whole, and that was the lowest proportion of uncertified deaths recorded up to that time.

Still-Births.

No system of registration of still-births exists in this country. Also there are no legal requirements as to the disposal of the bodies of still-born infants. The Superintendent of the Cemeteries kindly furnishes me each month with a return of those that are buried at the Coventry Cemeteries ; from these it appears that 113 bodies of infants said to have been still-born were buried in the Cemeteries during the year ; of these 58 were certified by medical men as having been still-born, while 55 occurred in the practice of midwives.

Inquests.

Sixty-six inquests appear to have been held during the year. These included four deaths in the Coventry and Warwickshire Hospital of non-residents. In 20 instances the death was attributed to disease. In the others the originating cause, as indicated by the verdicts, was as under :—Injuries, 23 ; burns and scalds, 5 ; cold, 1 ; over-laying, 4 ; murder, suicide, and drowning 13.

1909.

Comparison of Prevalence of Sickness and Death from Infectious Diseases.

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Group.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	5	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1341	36
1892	1	0	59	3	1	0	18	2	38	0	53	9	2	4	332	4
1893	30	0	145	7	6	1	4	1	30	0	40	9	9	7	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	2	2353	54
1895	0	0	84	3	6	3	6	3	439	19	49	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	43	1	113	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60
1906	0	0	58	3	56	12	3	0	312	5	12	3	9	3	...	1
1907	0	0	59	2	38	8	5	2	247	4	4	1	5	0	...	20
1908	0	0	44	3	101	8	7	0	238	7	11	1	2	1	...	3
1909	0	0	79	3	121	11	0	0	704	24	16	4	4	1	...	67

Weekly Returns under the Infectious Disease (Notification) Act, 1889.

WEEK ENDING.	Small Pox.	Scarlet Fever.	Diphtheria, including Membranous Group.	Typhus Fever.	Typhoid Fever.	Continued Fever.	Relapsing Fever.	Puerperal Fever.	Cholera.	Erysipelas.
1909.										
January 2	..	4	1	..	1	..	..	..	..	..
" 9	..	8	1	..	..	..	..	..	..	1
" 16	..	10	2	..	1	..	..	..	..	..
" 23	..	14	2	..	1	..	..	..	..	1
" 30	..	20	3	..	..	..	..	..	..	..
February 6	..	13	2	..	..	..	..	..	..	2
" 13	..	13	4	..	2	..	..	..	..	1
" 20	..	9	1	..	1	..	..	..	..	3
" 27	..	13	3	..	..	..	..	..	..	1
March 6	..	24	4	..	..	..	..	..	..	3
" 13	..	6	3	..	..	..	..	..	..	2
" 20	..	16	5	..	..	1	..	..	..	1
" 27	..	15	..	..	..	..	..	..	..	4
April 3	..	10	..	..	..	..	..	..	..	1
" 10	..	10	..	..	..	..	..	..	..	2
" 17	..	7	3	..	..	..	..	..	..	1
" 24	..	15	2	..	..	..	..	..	..	1
May 1	..	4	1	..	..	..	..	..	..	..
" 8	..	12	2	..	..	..	..	1	..	..
" 15	..	12	..	..	..	..	..	..	..	4
" 22	..	8	4	..	..	..	..	..	..	2
" 29	..	13	1	..	1	..	..	..	..	2
June 5	..	7	..	..	1	..	..	..	..	1
" 12	..	6	4	..	..	..	..	..	..	1
" 19	..	3	2	..	..	..	..	1	..	1
" 26	..	10	3	..	..	..	..	..	..	..
July 3	..	9	1	..	..	..	..	..	..	2
" 10	..	11	2	..	..	..	..	..	..	2
" 17	..	11	3	..	..	..	..	1	..	..
" 24	..	8	1	..	..	..	..	..	..	2
" 31	..	6	..	..	..	..	..	..	..	..
August 7	..	1	2	..	..	..	..	..	..	3
" 14	..	7	4	..	..	..	..	..	..	..
" 21	..	7	4	..	..	..	..	..	..	..
" 28	..	21	..	..	..	..	..	..	..	1
September 4	..	24	5	..	..	..	..	..	..	3
" 11	..	23	3	..	..	..	..	..	..	1
" 18	..	18	2	..	..	..	..	..	..	1
" 25	..	32	4	..	..	..	..	..	..	5
October 2	..	17	4	..	..	..	..	..	..	1
" 9	..	20	3	..	..	..	..	..	..	..
" 16	..	20	2	..	..	..	..	..	..	1
" 23	..	15	1	..	..	..	..	..	..	1
" 30	..	16	5	..	..	..	..	..	..	3
November 6	..	26	2	..	2	..	..	..	..	1
" 13	..	21	2	..	2	..	..	..	..	2
" 20	..	20	2	..	1	..	..	..	..	2
" 27	..	18	3	..	..	..	..	..	..	2
December 4	..	12	3	..	1	..	..	..	..	3
" 11	..	11	2	..	..	..	..	..	..	3
" 18	..	14	1	..	1	..	..	1	..	2
" 25	..	12	2	..	..	..	..	..	..	..
" 31	..	22	5	..	1	..	..	..	..	1
TOTALS	..	704	121	..	16	1	..	4	..	77

PART II.

Schools & School Children.

Schools.

In October, 1909, the Local Government Board issued a Memorandum on the Annual Reports of Medical Officers of Health. Among the various headings concerning which the Board desires to receive information in these Reports is the following :—

“ Schools, especially public elementary schools; sanitary condition of, including water supply; action taken in relation to the health of the scholars and for preventing the spread of infectious disease. Arrangements for medical inspection of school children.”

The same Memorandum also says: “ Where the Medical Officer of Health is also the School Medical Officer under the Code of Regulations for Public Elementary Schools, 1908, it may be convenient that the Annual Report which he is required to make in the latter capacity should be issued together with his Annual Report on the health of his district.”

The Memorandum issued by the Board of Education in November, 1907, on the Education (Administrative Provisions) Act contained the following Regulations concerning the Annual Report which was to be compiled as a result of the work under the Act :—

“ (d) Every School Medical Officer should make an annual report to the Local Education Authority on the schools and children under his superintendence, which should be printed for facility of reference and in order that a supply of copies may be available for distribution among the members of the Authority and other persons interested. The Authority should send two copies of the report to the Board of Education as soon as possible after the end of the year under review.

(e) In order to secure effective bases for comparison of the work done in different parts of the country, one uniform year must be taken, the year to be adopted being in all cases the calendar year, in order to correspond with the annual period fixed for the closely related report of the Medical Officer of Health.

(f) The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in Elementary Schools of the district.

(g) It should also contain statistical records of the number of children examined and of those re-examined or under medical supervision; the nature and results of the examination; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of conditions inimical to health and the remedy of diseased conditions that may be discovered, action taken, and so forth.

(h) In addition to such records it will be well, as far as practicable, to make systematic comparisons of the individual and collective measurements and characteristics of the children in each school with standard and local records, both as a means of determining the condition of health of particular children or classes, for guidance in future action, and as part of the anthropometric survey to which this Act should contribute in due time. This part of the work, however, must be kept in a secondary position while so much remains to be done in the elementary essentials of school hygiene. It is to those essentials, and the manner and degree in which they have been dealt with in his district, that each school medical officer should devote the major portion of his report."

This is the fifth annual report that I have been called on to make in this City on the matter of the medical inspection of school children, a system of medical inspection having been inaugurated by your Council in 1905. The steps that were taken by your Council to meet the more extended requirements of the Education (Administrative Provisions) Act of 1907 during the year 1908 were dealt with in detail in my last annual report.

During the year the position of Assistant Medical Officer has been held by a series of three doctors; Miss Corbett occupied the post (having commenced her duties on September 1st, 1908) until January 9th, when she left to take up a similar but better position in the West Riding; Dr. Weaver commenced his duties on February 3rd, and continued them until July 31st, when he left to take the post of Medical Officer of Health and School Doctor at Abertillery; and Dr. Cates commenced his duties on November 1st. It would appear unnecessary to add that quite apart from the four months that in all elapsed between these various appointments, the mere change of the Assistant involved a considerable

amount of waste of time and additional work, in causing as far as possible the methods which we had found to work best in practice to be continued, and in systematising the results of inspection carried on by different officials.

The figures that are appended in this part of the report deal with the work for the whole of the year. Before leaving, Dr. Weaver was good enough to draft a report concerning his observations, and as these cover the six months during which most of the work was done, I propose to reproduce here the principal features to which he drew attention. It will be noted that in many respects he draws attention to matters, the importance of which have been before emphasised.

A change in the composition of the staff also occurred in the occupancy of the post of Health Visitor or School Nurse; Miss Seaton leaving on July 29th, and her post being taken on November 8th by Miss Elmhirst.

As divisions of the report I propose adhering to the headings already suggested by the Board of Education.

(a) THE SANITARY CONDITION OF THE SCHOOLS,

Or in the words of the Board a "General review of the hygienic conditions prevalent in the schools in the area of the Local Education Authority in respect of such matters as surroundings, ventilation, lighting, warming, equipment, and sanitation, including observations on the type and condition of sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of schoolrooms and cloak-rooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the school to the health of the children."

Under this heading Dr. Weaver reports as follows :—

"At your request I have made detailed inspections of St. Mark's, St. Mary's, and Kingfields Schools and revised the sanitary reports already made on those schools." (These were the only ones remaining not reported on, and completed a series of reports on the whole of the schools. A report on a new school opened during the year—John Gulson—has since been presented).

"To the general remarks upon the sanitary condition of the schools, embodied in your last school report, I have only to add or emphasise a few points..

Lighting.—In many cases (*e.g.*, class-rooms at Little Heath, Edgewick, Paradise, St. Mark's, etc.) the lighting of the class-rooms is badly arranged; the light coming from the back, front or right, instead of from the *left*. One has only to watch the children writing or drawing in these wrongly-lighted rooms to realise the amount of eye-strain that is thus imposed upon the scholars, but no one can foretell the amount of short sight, etc., which these children will carry with them into adult life, as a result of it.

In a few cases the rooms are deficient in amount of light, *e.g.*, the middle gallery in the large room at Paradise and most of the rooms at All Saints' Schools. In the latter case several new or enlarged windows are urgently needed.

Ventilation.—The ventilation of many of the class rooms is not as good as it should be, but in the boys' department at Holy Trinity Schools it is very bad, and arrangements for efficient ventilation should be made as speedily as possible.

A special note on the ventilation at Wheatley Street Schools is contained in the section of the report dealing with Enlarged Tonsils.

Cleanliness.—The floors of several of the schools are still kept in an insufficiently clean condition, and this is particularly noticeable where the rooms are used for evening meetings. *Scrubbing of floors during school holidays only is not sufficient.*

Cloak Rooms.—The deficient cloak room accommodation in some of the older schools, involving as it does the promiscuous heaping together of clean and unclean headgear, is much to be regretted. Even where numbered pegs are provided in some of the newer schools, they have been placed too close together or in tiers directly over one another, so that there is no efficient separation of clothing.

I believe that it is in these defective or badly organised cloak rooms that much of the spread of head vermin and ringworm occurs. It was frequently noticed during systematic inspection that a child, with otherwise clean and nit-free hair, had one or two stray head lice, which had probably found their way there in the manner suggested.

Each child should have, and be made exclusively to use, a numbered clothes hook, so placed, that the hat or clothing upon

it does not touch or hang directly over any other child's garments.

Mats and Scrapers.—During the wet and snowy weather in the early part of the year, I frequently noticed that the mats at the school entrances were so wet or caked with snow, that they were useless for the purpose of drying the children's boots. I would suggest that extra mats and scrapers should be supplied. The avoidance of loss of school attendance from colds, sore throats and other diseases predisposed to or produced by wet boots and feet, would, in my opinion, more than repay the cost of the extra mats, etc., and incidentally the school floors would be kept in a cleaner condition.

Playgrounds.—Few of the schools are provided with covered sheds or playgrounds for use in wet weather. The absence of these tends to keep children in the lobbies or school rooms during wet weather, and in some cases may discourage the essential throwing open of all class-room windows during playtime.

Equipment.—It is desirable to proceed as rapidly as possible with the replacement of the old fixed desks by adjustable single or dual desks.

Several of the desks in St. Thomas' Infant Department were found to be in a broken and dangerous condition.

Sanitation.—When visiting St. Thomas' School I noticed that in spite of frequent flushing there was a very offensive odour in the closets and urinals. This has since been proved to be due to the blocking of two underground syphons. This has now been dealt with by the Health Department and the School Managers."

(b) ARRANGEMENTS FOR MEDICAL INSPECTION.

"General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service, and for the organisation and supervision of medical inspection, and an account of the methods of inspection adopted."

Under this head Dr. Weaver reports as follows:—

"I commenced my duties as Assistant Medical Officer to the Education Committee at Coventry on February 3rd and relinquished them on July 31st.

I should like to take this opportunity of most strongly endorsing the remarks you made on page 77 of your School Report for 1908, in reference to the advisability of making the appointment a joint Educational and Public Health Officership. The development of the School Medical Service has demonstrated that in the future there will be few superior positions open to Assistant Officers, and, therefore, keen and competent doctors will either not apply for such positions or take them only for the purpose of more readily obtaining a joint School and Public Health appointment.

(2) *School Nurse*: Practically the whole of the School Nurse's time is taken up in attendance at inspections and visiting parents to get the necessary histories of past illnesses of infants, so that too little time is left to devote to visiting the homes of defective or verminous children and cases of minor infectious diseases, and to re-inspection of unclean heads, and notified defects. In consequence of insufficient "following up" a large amount of the good that should accrue from medical inspection is lost. An extra joint School Nurse and Health Visitor is urgently needed.

METHODS OF INSPECTION.

Attendance of Parents at the Examination of their Children.

Up to February last parents had not been invited to be present at the medical examination of their children. In response to a suggestion contained in a letter from the Board of Education, the Committee resolved to invite the parents to attend the examination of their children at the next two schools examined. This was carried out at the King Street Girls' and John Gulson Schools, and as a result of this experiment I presented to you, on March 15th, a report in which I made the following recommendation: "From my experience of the examination of the above schools, I am of opinion that it would be of great advantage to invite the parents of the children in the infants' and girls' departments to be present at the examination of their children. The boys could be examined without their parents being present, and this would allow flexibility in the arrangements for visiting the various schools and filling up gaps in my time."

As a result of your representations, the Committee decided to invite the parents in the manner suggested.

The scheme has been carried out and has proved easy to work and eminently satisfactory to everyone concerned. I am convinced that much more good is done by letting parents see or hear of what is wrong with their children and personally receiving remedial instructions at the time of the examination, rather than by holding a private examination and then writing letters to the parents, who may misread or wilfully misunderstand them. Although re-inspections were not numerous, I gained the impression that verbal suggestions are better carried out than those contained in letters. Certain other alterations in procedure have been made.

In the majority of cases the mother, in others the father, aunt, elder sister or guardian attended. The average percentage in all departments of parents present was 60.5—a very satisfactory one.

Lists of Children to be examined, etc.

About 14 days before a school was to be inspected, a suitable number of large ruled sheets were sent to the Head Teacher of each department with a letter, asking that all children of certain years of birth should be entered upon them. The nurse compared these lists with the office cards and struck out those previously examined. I was then able to form an estimate of the amount of time required for the inspection of the school, and to make suitable arrangements. I then visited the school, and personally arranged with the Head Teachers for the examination, and for sending out the invitations to parents.

In the case of the first schools examined, the invitations to parents were sent out by post from the office, but it became necessary to ask the Head Teachers to issue the notices and send them home by the children, because it was found that a certain number were returned owing to incorrect addresses, and that only the Head Teacher could allow for those children who were absent from illness, or would be absent by reason of attendance at cookery or manual instruction classes.

The latter method of sending out the notices was found to work well, its only disadvantage was the extra work for the

Head Teachers, who said they were already overburdened with clerical work. It cannot be denied that Head Teachers are paid a higher salary than assistants, because they are expected to do the more highly skilled work of organisation and supervision; and consequently any addition of routine clerical work is to be deprecated. It was felt, however, that the advantages of the Head Teachers issuing the notices justified the placing of this duty in their hands.

Medical Examination.

I adopted a more complete examination of the chest and body than my predecessor. All boys were stripped to the waist. Senior girls removed their bodices, and, where necessary, their stays or corsets. Infant girls were stripped to the waist when necessary. In all cases the wishes of the parents, when present, were respected, but I had no complaints that the extent of the examination was too great, except from the mother of one infant, who was said to suffer from bronchitis. His mother was one of those, who, after loading up her child's chest with layer upon layer of clothing, blames everybody and everything for the bronchitis she herself produces. Fearing that I should in my turn be blamed, I did not examine the child.

There are great advantages in having the children stripped as far as possible. Any deformity of the spine and chest can be observed, the chest measured, an efficient examination of the heart and lungs made, and an opportunity is given to examine for body lice.

None of the older children objected to be examined, and any trouble with the infants was generally removed by a little persuasion on the part of the parents present or the nurse. Unfortunately the presence of the parents of spoilt children is not always of assistance in this way.

Most of the parents expressed themselves as pleased to have their children examined, and in many instances I had difficulty in escaping from their urgent requests to examine the whole family.

Co-operation of Teachers.

I received great courtesy and valuable assistance in carrying out the work of inspection from all the Head Teachers, and I should like to ask you to embody in your report my thanks for the help they gave me.

I should also like to place on record my admiration of the intimate knowledge, which some of the Head Mistresses exhibited of the exact family history, the home influence and environment, and the physical and mental condition of the children so unfortunate as to be committed to their charge. I was also pleased to observe that, in at least one girls' school, the Head Mistress was most successful in getting notified defects remedied. In the future we shall find that the influence of both Head and Assistant Teachers will be one of the most potent factors in stimulating the parents to carry out the directions of the medical officer.

Unfortunately, Head Masters in mixed schools, or in charge of girls' or infants' departments, are necessarily and **unavoidably** handicapped with regard to the supervision of the health, clothing and cleanliness of the girls in their schools, although they would be the last to acknowledge it. I believe that the case for delegating these duties to assistant mistresses is proved.

Re-arrangement of Medical Inspection Centres.

As explained in your last report, 13 centres for Medical Inspection were arranged by your Committee. This scheme, however, failed to obtain the sanction of the Board of Education and they sent Dr. Janet M. Campbell, one of their medical officers, to make an enquiry. As a result the following scheme was approved :—

Nineteen centres were selected—13 at Elementary Council Schools, 5 at Elementary Non-Provided Schools, and one at the Education Office. The Table on page 80 shows the centres, the schools from which the children were examined at each centre, and the room which I used for the medical inspection of each department.

Since this scheme was approved by the Board of Education, the Special School at Wheatley Street has been started, and this school has been made a centre for the medical inspection of the children attending that school. I used one of the class rooms for purposes of inspection. This now makes twenty centres for medical inspection.

Each centre has a separate weighing machine and height standard provided. This arrangement of centres has in practice proved less difficult to carry out than I had anticipated.

SCHEME OF CENTRES FOR INSPECTION.

Centre.	Room Used.	School or Department examined in room.
I.—COUNCIL SCHOOLS.		
1. Earlsdon	Head Master's Room ..	Senior Department.
	Infants' Class Room ..	Infants' ..
2. Edgewick	Store Room	Senior ..
	Infants' Class Room ..	Infants' ..
3. Little Heath	Head Master's Room ..	Senior ..
4. Paradise	Head Mistress' Room ..	Infants' ..
5. Radford	Infants' Class Room ..	All Departments.
6. Red Lane	Head Mistress' Room ..	Girls' Department.
	" " " ..	Infants' ..
7. South Street	" " " ..	Boys' & Girls' ..
	Infants' Class Room ..	Infants' ..
8. Spon Street	Head Master's Room ..	Boys' ..
	Girls' Class Room ..	Girls' ..
	Infants' Class Room ..	Infants' ..
		also <i>Thomas St. School</i> and <i>St. Thomas' School</i> .
9. Stoke Council	Infants' Class Room ..	All Departments.
10. Union Street Infants	" " " ..	Infants' Department.
11. Wheatley Street ..	Head Master's Room ..	Boys' ..
	Head Mistress' Room ..	Girls' ..
	" " " ..	Infants ..
12. Frederick Bird	Head Master's Room and large hall	Boys' ..
	Class Room	Girls' ..
	Infants' Class Room ..	Infants' ..
13. John Gulson	Boys' Class Room ..	Boys' ..
	Girls' Class Room ..	Girls' ..
	Infants' Class Room ..	Infants' ..
	" " " ..	<i>Kingfields School</i> .
II.—NON-PROVIDED SCHOOLS.		
1. All Saints'	Parish Hall	All Departments.
2. St. John's	Infants' Class Room ..	" "
3. St. Osburg's	The Lecture Hall ..	" "
4. St. Peter's	" " " ..	Not examined.
5. Stoke National	Infants' Class Room ..	All Departments.
III.—EDUCATION OFFICE.	Medical Officer's Room, Attendance Officer's Room used as wait- ing room	Union Street Mixed; St. Michael's; Holy Trinity; St. Mark's; St. Mary's; King Street Girls.

In the construction of new schools or in alteration of existing ones, the necessity of providing suitably lighted and warmed rooms for medical inspection should be borne in mind.

The room need not necessarily be used only for medical inspection, but should be immediately available for that purpose whenever required. In certain cases this might be effected by making the Head Teacher's room sufficiently large."

Vaccination.

During the course of the systematic examination opportunity was taken in regard to 2,789 children to note whether they had vaccination scars or not; these were noted to be present in the case of 1,814 children, and absent in the case of 975 children.

(c) *General statement of the extent and scope of the medical inspection carried out during the year, including—*

- (1) *The number of visits paid to Schools and Departments;*
- (2) *The principle on which children have been selected for inspection;*
- (3) *The number of children inspected (classified for age at date of inspection and for sex);*
- (4) *The number of children referred for subsequent or further examination;*
- (5) *The number of children in respect of whom directions were given for treatment of defects, including a classified statement of such defects;*
- (6) *The average time per head occupied by inspection.*

(1) Visits were paid by the Assistant Medical Officer and the School Nurse to one or more of the Schools practically on each day when the schools were open, except on those occasions when examinations were conducted at the Central Office, during the eight months when the work was uninterrupted by changes of officials; these visits amounted to about 270 on the part of the Assistant Medical Officer; this figure does not include the visits of the School Nurse, visits of Sanitary Inspectors, or of myself.

(2) The children were selected on the following plan:—

- (a) Those born in the years 1896-7 or before. These included all children aged 13 and upwards, and many aged 12.

(b) Those born in the years 1903-4 or later. These included all children aged 4 and 5, and many aged 6.

(c) All children in the Special School.

By the August holiday all the schools had been visited, and the children of the above ages had been examined either by Dr. Corbett or by Dr. Weaver, and many of the schools had been visited twice, so that by the end of the school year ending July 31st, the work required by the Board of Education (Code, Section 58b) to be completed between August 1st, 1908, and July 31st, 1909, had been exceeded.

In addition to the systematic examination of children at these specified ages, other children selected by the Head Teacher on account of ill-health, defective eyesight, verminous conditions, etc., were examined, and in addition all those who had been referred for subsequent examination.

Dr. Weaver also conducted re-inspections of all defects discovered previously, and reported to the parents on systematic examination at the John Gulson, Spon Street (Infants), and Wheatley Street (Girls) Schools.

(3) The total number of children examined was 4,838. Of this total 3,099 were dealt with in the course of systematic inspection, 1,706 were selected for special examination by the Head Teachers, or were cases previously referred for re-examination, and 39 were children examined at the office as regards their fitness to attend school.

The following table shows the age and sex distribution of the children systematically examined.

AGE AND SEX DISTRIBUTION.

	Boys.	Girls.	Totals.
Born in 1905	3	4	7
„ 1904	291	239	530
„ 1903	461	415	876
„ 1902	20	21	41
„ 1901	1	1	2
„ 1900	0	7	7
„ 1899	6	4	10
„ 1898	5	0	5
„ 1897	10	17	27
„ 1896	666	607	1273
„ 1895	152	166	318
„ 1894	1	2	3
	1616	1483	3099

The School Nurse made 881 visits to the homes of children for the purpose of getting histories of past illnesses of infants, investigating cases of minor infectious illnesses, urging upon parents the necessity of obtaining medical advice, giving advice as regards the cleansing of verminous children, etc.

The Assistant Medical Officer also made visits to children's homes to investigate cases of infectious disease, etc.

Thirty-two reports of insanitary homes were referred to the Health Department.

(4) Children referred for special examination.

(a) All children with defects which had been notified to parents, either verbally or by letter, have been regarded as referred for subsequent examination.

(b) Of the cases selected by the Head Teachers for special examination, 177 were referred for subsequent examination.

(c) Some 400, which had previously been indexed for "following up," were re-examined, and, where necessary, their cards were retained in the special defect card index for future inspection.

(5) Defects notified.

The following table shows the number of letters and notices sent by post to parents regarding defects. During examination, general directions were given when the parents were present, with regard to the treatment of verminous heads, the necessity of obtaining advice in certain diseases or defective conditions, etc. In addition to these general directions, special verbal instructions were given in 413 cases, as shown in the following table :—

SUMMARY OF NOTICES TO PARENTS CONCERNING
DEFECTS FOUND.

<i>Defect.</i>				<i>By Letter.</i>	<i>Verbally.</i>
Neglected clothing	...	...	...	19	2
Defective nutrition	...	...	...	6	4
Head verminous	...	...	...	157	32
Head scurfy	...	...	...	8	1
Body dirty	...	...	...	15	20
Body or clothing verminous	...	...	...	43	1

SUMMARY OF NOTICES TO PARENTS, &c.—*continued.*

<i>Defects.</i>				<i>By Letter.</i>	<i>Verbally.</i>
Decayed teeth, alveolar abscesses, etc.	...	...	...	187	49
Enlarged tonsils, mouth-breathing, etc.	...	...	...	289	130
Enlarged glands in neck	...	...	...	8	10
External eye diseases	...	...	...	32	5
Squint	...	...	...	68	6
Defective eyesight	...	...	...	325	29
External ear diseases	...	...	...	16	2
Defective hearing	...	...	...	49	32
Defective speech	...	...	...	3	5
Heart disease	...	...	...	6	1
Anæmia and debility	...	...	...	10	15
Lung diseases	...	...	...	5	6
Deformities	...	...	...	15	3
Infectious Diseases :—					
Ringworm	...	...	...	43	2
Other diseases	...	...	...	7	6
Skin Diseases	...	...	...	22	25
Miscellaneous	...	...	...	20	27
				1,353	413

In addition to the examination of certain children suggested by the Board of Education, I have continued, with the assistance of the Head Teachers, the examination of the sight of those children who, during the year, were admitted to the senior departments; this examination has been continued now for some years, so that by now there should be only a small percentage of the children in the senior departments who have escaped this examination; during the year 1,560 children were in this way examined, and of these no less than 271 or 17.3 per cent. were found to have either defective or very defective sight; the parents in all of these cases were communicated with and advised to seek advice; the summary of the figures in these cases is given below :—

Eye-sight Tests, 1909.**SUMMARY.****BOYS.**

	Normal.	Nearly Normal.	Defective	Very Defective	Not Classifi'd	Total
Totals	275	338	83	25	6	727
Percentages	37·4	46·4	11·4	3·4	0·8	

GIRLS.

Totals	218	448	138	25	4	833
Percentages	26·1	53·7	16·5	3·0	0·4	

BOYS and GIRLS.

Totals	493	786	221	50	10	1560
Percentages	31·6	50·3	14·1	3·2	0·6	

In previous years, by an arrangement with the Sanitary Committee, it has been possible for a limited number of weeks in the year, to borrow the services of a Nurse from the City Hospital, who systematically went through the schools examining the children in regard to cleanliness of heads; last year this was impossible, for the reason that at no time could such a Nurse be spared; it seems clear that such systematic examination and re-examination is necessary, if any material improvement is to be expected in the present conditions.

(6) The average time per head occupied by inspection during systematic examination was eight minutes.

(d) “ *General review of the facts disclosed by medical inspection, under the headings contained in the Schedule to Circular 582, including tables showing the height and weight of children inspected (according to age at date of inspection and sex).*”

Given below is a summary of the results obtained by averaging the weights and heights of children at different ages of those children who were weighed and measured. This appears

to have been missed in regard to some of the children owing to late delivery of weighing machines.

The children were measured and weighed without boots and shoes, but in ordinary indoor clothing, according to the directions contained in the Board of Education Circular.

HEIGHTS.

Age last birthday. Years.	BOYS.			GIRLS.		
	No. measured.	Average height.		No. measured.	Average height.	
		Inches.	Centi-metres.		Inches.	Centi-metres.
3	0	..	..	1	36	91·44
4	48	39 $\frac{1}{4}$	99·57	31	38 $\frac{1}{2}$	97·79
5	482	40 $\frac{3}{8}$	102·36	419	40 $\frac{1}{4}$	102·11
6	207	42 $\frac{5}{8}$	108·20	188	42	106·68
7	6	42 $\frac{5}{8}$	110·74	8	43	109·22
8	1	48 $\frac{1}{4}$	122·43	5	46 $\frac{1}{2}$	118·11
9	5	45 $\frac{5}{8}$	115·82	6	44 $\frac{7}{8}$	113·79
10	5	50 $\frac{1}{4}$	127·51	1	47 $\frac{1}{8}$	119·63
11	8	53 $\frac{1}{2}$	135·89	4	52 $\frac{1}{8}$	134·11
12	364	55	139·70	366	55 $\frac{3}{4}$	141·48
13	429	55 $\frac{1}{2}$	140·97	396	56 $\frac{7}{8}$	144·27
14	8	63 $\frac{3}{4}$	161·80	5	57 $\frac{3}{4}$	146·56
15	0	..	..	1	56 $\frac{5}{8}$	143·75
	1563			1431		

WEIGHTS.

Age last birthday. Years.	BOYS.			GIRLS.		
	No. weighed.	Average weight.		No. weighed.	Average weight.	
		Lbs. Ozs.	Kilo-grams.		Lbs. Ozs.	Kilo-grams.
3	0	..	..	1	31 12	14·38
4	48	35 7	16·06	31	35 1	15·88
5	482	38 0	17·24	419	37 8	17·02
6	207	40 10	18·41	188	40 2	18·19
7	6	42 10	19·32	8	42 11	19·32
8	1	44 4	20·04	5	46 9	20·09
9	5	47 14	21·68	6	45 13	20·77
10	5	60 1	27·22	1	56 0	25·40
11	8	67 2 $\frac{1}{2}$	30·45	4	62 9	28·36
12	364	71 11	32·47	366	75 4	34·41
13	429	74 15	33·97	396	79 10	36·10
14	8	82 7	37·38	5	84 9	38·33
15	0	..	..	1	84 0	38·10
	1563			1431		

I reproduce here Dr. Weaver's conclusions as regards his observations. The figures given, however, include the children examined in November and December by Dr. Cates.

The Table below shows the average heights and weights at 5 and 13 years of age compared with the figures given by the Anthropometric Committee appointed by the British Association in 1875. Comparisons cannot be made at other ages, as the Coventry groups are either too small or do not present an even distribution in the age groups, *e.g.*, the four-year group are for the most part nearly 5, and the 6-year group only just over 6. This distribution results from the method of selecting the children for examination, but will be obviated as the inspection proceeds.

Age last Birthday.	BOYS.			GIRLS.		
	Coventry.	Anthropometric Committee.		Coventry.	Anthropometric Committee.	
		Artizan Towns.	All Classes.		Artizan Towns.	All Classes.
Years.	HEIGHTS. inches.	inches.	inches.	inches.	inches.	inches.
5	40·37	41·03	39·72	40·25	39·77	40·55
13	55·50	55·81	56·91	56·87	56·22	57·77
	WEIGHTS. lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
5	37·38	40·90	39·90	37·50	40·30	39·20
13	74·93	79·00	82·60	79·62	84·90	87·20

Teeth.

This is one of the most important subjects upon which I have to report, for I am sure that the defective state of the children's teeth is a more widely spread factor in producing malnutrition than insufficient food supply.

The Table on page 88 shows the number of children with sound teeth and with defective teeth. The children are grouped in three columns:—

1. *Sound, i.e.*, children whose mouths present no obviously carious teeth;
2. *Decayed 3, i.e.*, those having 1, 2, or 3 carious teeth; and
3. *Decayed 4, i.e.*, those having 4 or more carious teeth.

TEETH.

	No. Examined.	Sound.		Decayed 3.		Decayed 4.	
		No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
Boys : Infants ..	772	112	14.5	261	33.8	400	51.8
Seniors ..	844	108	12.7	444	52.6	291	34.2
All Boys ..	1616	220	13.6	705	43.6	691	42.7
Girls : Infants ..	676	108	15.9	202	29.8	365	53.9
Seniors ..	807	99	12.2	452	36.0	257	31.8
All Girls ..	1483	207	13.9	654	44.0	622	41.9
All Infants (Temporary Teeth)	1448	220	15.1	463	31.9	765	52.8
All Seniors (Permanent Teeth)	1651	207	12.5	896	54.2	548	33.1
All Boys and Girls	3099	427	13.45	1359	43.85	1313	42.36

This table shows that the children's teeth are in an eminently unsatisfactory condition. Only 13 per cent. of the children inspected had mouths free from obviously carious teeth. Had a more detailed examination been possible, some of these apparently sound teeth would probably have been found to be decayed on their posterior or proximal surfaces, and so the 13 per cent. reduced to a smaller number.

The results of an examination made by the British Dental Association of the mouths of 10,517 boys and girls, of an average age of 12 years, in English and Scotch schools, would seem to indicate that the children's teeth in Coventry are worse than the average. The above examination showed an average of 13.2 per cent. of sound teeth, while my examination, though less severe than the above, gave 12.5 per cent. of sound teeth for a similar average age group.

I found comparatively few mouths in a clean condition, the cleanest being those of the Wheatley Street Girls. Only two or three mouths presented any sign of conservative dentistry. As many as 18 decayed teeth were found in one mouth, and records of 10 to 14 were common. The six-year molars, when present, were generally carious. Retained temporary teeth were common, leading to mal-eruption of, and spreading of decay to the per-

manent teeth. It was frequently noticed that a retained temporary stump had led to decay in the permanent tooth on which it abutted.

A large number of mouths showed a distribution of decayed teeth or exposed pulps, such as to prevent mastication on one or both sides of the mouth, and in some cases, collections of tartar proved that mastication did not occur, and that the children preferred to bolt their food, rather than endure the pain caused by chewing. The grave effects of this upon nutrition are obvious.

It cannot be too often pointed out to parents and others responsible for the health of the children in the schools, that in addition to producing tooth-ache, gum boils, etc., decayed teeth are prejudicial to health in other ways:—

1. Decayed teeth infect healthy teeth and cause them to decay. No sensible parent would needlessly expose his child to the infection of scarlet fever or consumption, yet how many parents are content to allow one or one dozen infective teeth to remain in their child's mouth, spreading infection to the sound teeth and poisons to the whole body day and night?

2. Pawlow has shown that without proper mastication the digestive juices are imperfectly secreted. Absence of efficient teeth, therefore, produces indigestion in two ways: Firstly, the food is imperfectly ground up, and secondly, there is a deficient supply of secretions to digest it.

3. The foul secretions from carious and necrotic teeth render the mouth and breath foul, and, passing into the stomach and bowels, produce loss of appetite, indigestion, flatulence, catarrh of the bowels, appendicitis, etc.

4. Bacteria and toxins are carried by the lymphatics from the decayed teeth to the glands in the neck. These glands become enlarged, inflamed, and often tuberculous. There is often infection of the tonsils producing enlargement, inflammation, or abscess. It is well known that quinsey (peritonsillar abscess) can be produced by septic molar teeth.

5. Toxins are also absorbed into the system via the blood-vessels in the jaws, producing general poisoning, and leading to—

- (a) Lowered resistance to infective diseases, particularly consumption, pneumonia, and influenza.

(b) Mal-nutrition, debility, anæmia, and other blood diseases, kidney disease, rheumatism, etc. In some cases the toxæmia may be so severe as to cause death. Although this latter result is fortunately rare, lesser degrees of poisoning are common, and probably at least 40 per cent. of the children in the elementary schools of Coventry are suffering from "tooth-poisoning" to a greater or less extent.

Unfortunately the vast majority of the parents are unable to afford dental treatment for their children; but even those who can afford it seem to be content to have nothing done. They delude themselves with the idea that, if the temporary teeth are bad, the coming permanent ones will put things right, and that, if the permanent ones decay, the best course is to let the children provide artificial teeth for themselves, when they are old enough to work. Unfortunately, if I am to believe what I have been told, these delusions are not confined to the lay mind in Coventry. Parents must be taught that carious temporary teeth tend to produce defective permanent teeth, because the toxæmia from the carious milk teeth prevents proper development of the second ones. Further decay in the mouth may infect the permanent teeth before or during their eruption. The better the milk teeth and the better the condition in which they are kept, the greater is the chance of a sound second dentition. Improper feeding and the eating of sweetmeats, etc., between meals, produce indigestion, and prevent the proper development of the permanent teeth.

No artificial teeth can take the place of the natural teeth, either as regards their masticating power or comfort; and the common practice of covering up decaying stumps by artificial teeth leads to even more serious poisoning than the decayed teeth themselves, for the plate prevents the septic material escaping into the mouth and increases its absorption into the system.

Professor Dr. Jesson, of Strasburg, has proved, and his results have been confirmed in this country by Dr. C. Edward Wallis, that:—

1. The greater the amount of dental disease, the worse the physical development of the child, and
2. The worse the condition of the child's teeth, the worse are its school reports.

It was also found that the treatment of the children's teeth in dental clinics saved a considerable loss of school attendance.

Children should be taught how to clean their teeth, and be warned of the dangers to health of dirty and decayed teeth. Something has already been done in this way at Wheatley Street Girls' School, but the teaching might well be amplified and extended to other schools. This is a matter in which the co-operation of the teachers might well be enlisted.

Should the only beneficial result of the medical inspection of school children be the adoption of some scheme for keeping the children's teeth clean and sound, then its ultimate effect on the physical and mental health and stamina of the nation will repay its cost manyfold.

Verminous Heads.

Children, whose hair was free from pediculi and their nits, were classified as "Clean"; those having pediculi, or whose hair was in such a neglected and nitty condition, that combing at the time of the examination or a few hours afterwards would probably have revealed vermin, as "Verminous"; and those having nits, but not in such a state as to be described as verminous, as "Somewhat Verminous." The Table below shows the number and percentage of the children having verminous or somewhat verminous hair in the several school departments.

VERMINOUS HEADS.

	No. Exam- ined.	Some- what Verm- inous.	Per Cent.	Verm- inous.	Per Cent.	Total Verminous and Somewhat Verminous.	Per Cent.
Boys : Infants ..	772	48	6.21	23	2.97	71	9.19
Seniors ..	844	37	4.38	19	2.25	56	6.63
All Boys ..	1616	85	5.25	42	2.59	127	7.85
Girls : Infants ..	676	209	30.91	61	9.02	270	39.94
Seniors ..	807	345	42.74	63	7.79	408	50.55
All Girls ..	1483	554	37.35	124	8.36	678	45.71
All Boys and Girls	3099	639	20.61	166	5.35	805	25.97

The invitation of parents to be present at the examination has not resulted in their successfully cleansing the children's hair for the medical inspection. The total percentage of unclean heads is practically the same as found by Dr. Corbett, viz., 25.9 per cent. as against 26.6 per cent. There does, however, appear to

be a smaller proportion of verminous cases, but this may be due either to special cleansing or to the adoption of a different grouping of the unclean cases by Dr. Corbett and myself.

It will be seen from the table that practically one half of the senior girls have unclean hair, and that the condition of the infant girls is little better. The greatest proportion of clean heads was found among the short-haired senior boys. Hair that was really short was hardly ever verminous. I think that it is the universal opinion of school medical officers that it would be a great advance if all school children could be compelled to have their hair kept short.

Although the proportion of unclean heads was greater among the poorer than among the better-class children, many children, who appeared to be otherwise well-cared for, had large numbers of nits in their hair. In the case of those infant boys, whose doting mothers delight in dressing them in the manner of girls, with long, curled, but difficultly cleansed hair, it was quite usual to find many nits, if not vermin.

It is difficult to persuade some mothers that it is not perfectly natural for children to have nits or vermin in their hair. In fact, one mother declared that vermin were a sign of health, and that she always had a few herself. Where such ignorance or stupidity exists there is little hope of effecting improvement by persuasion alone.

Nevertheless, I hope that the instructions given to the mothers, verbally and by printed leaflets at the inspections, and by notices sent out from the office, will result in some improvement. Much more good, however, would be done, if monthly re-inspections were conducted by an extra school nurse, and persistent uncleanliness, after report by the Assistant Medical Officer, dealt with by prosecution. The means at present available are insufficient to protect the clean children in the schools from contamination by their dirty school fellows.

CONDITION OF BODY AND CLOTHING.

Dirty Bodies.—In 103 cases (3.3%), chiefly boys, I noted an exceptionally dirty condition of the arms, neck, or trunk. As, unfortunately, facilities for bathing are not available in many of the poorer houses, no action was taken beyond pointing out to the children or parents the necessity of cleanliness.

Flea-bitten Bodies.—In 273 cases (8.8%) the children's bodies were much flea-bitten. The mother's attention was drawn to the matter in many cases, and advice given as to cleansing of clothing, beds, and bedrooms.

Verminous Clothing.—In 34 cases (1.0%) body lice were discovered, and in others the scratched condition of the skin suggested their presence, but none could be discovered in spite of careful searching.

Whenever body lice were discovered or suspected, I examined, under the authority given by Section 122 of the Children Act, any brothers or sisters of the verminous child, who were attending the school. In this way other cases were detected.

The affected children were excluded from school for a few days, to allow time for thorough cleansing, and the parents and home were visited by the school nurse, and printed instructions given as to the method of cleansing. In all cases an offer was made to disinfect any bedding and clothing, and disinfection was carried out by the Sanitary Authority in eight cases. Owing to the absence of any means of public cleansing of children, no action was taken under Section 122 of the Children Act for failure to cleanse.

The cases were followed up as far as the staff permitted. and two children were excluded for a second time."

It seems desirable here to refer to the general subject of cleanliness—or rather uncleanness—which is dealt with by Dr. Weaver in the preceding paragraphs. During recent years there has been a growing tendency to direct the education of children into channels having an obviously utilitarian relationship with their after lives; various branches of manual training enter into the education of boys; girls are taught cookery and laundry work, and now one of your schools is to have a housewifery centre, properly equipped; it does not seem a great extension of this principle to introduce lessons in cleanliness; to make this possible, facilities for cleanliness would have to be provided; all the Coventry schools have their lavatories with washhand basins, but none, except the Special School, have any bath; where a hot water system of heating is to be installed, the provision of spray baths should be an inexpensive addition. My personal opinion

is that if the children could, in their school days, be permitted the luxury of a weekly bath, they would on leaving regard it as a necessity; a greater demand would arise for the use of the public baths (a hot bath can be obtained there for 2d.), and they would make greater efforts to become tenants of houses where baths exist. That baths are not installed in most of the small houses is not the fault of the builders, it is the fault of the tenants; if the demand existed, it would be met with a supply.

“ *Neglected Clothing.*—The supply of clothing and its state of repair were better in the case of the girls than of the boys. This applies to both the infant and senior departments, as will be seen from the following Table :—

NEGLECTED CLOTHING.

	No. Examined.	Clothing Neglected.	Per Cent.
Boys: Infants	772	58	7·5
Seniors	844	143	16·9
All Boys	1616	201	12·4
Girls: Infants	676	18	2·6
Seniors	807	30	3·7
All Girls	1483	48	3·2
All Boys and Girls	3099	249	8·0

The bad state of repair of the boys' clothing was particularly noticeable in the poorer schools such as Spon Street, St. Osburg's, and All Saints.

Parental neglect of mending and cleansing is more to be blamed for defective clothing than inability to supply the necessary garments. Very few of the parents of the children who had verminous or neglected clothing, presented themselves at the examination.

Nutrition.—Comparatively few of the cases of defective nutrition appeared to be due to deficient supply of food. The great majority could be explained by improper feeding or malnutrition due to defective teeth, struma, consumption, etc. Many of the parents came to the inspection in order to try to learn what they could do to improve the nutrition of their children.

Nose and Throat.—Ninety-four (3.0%) cases of Catarrh (including acute and chronic) of nose and throat, and one case of ozæna were found.

Enlarged Tonsils.—More than a quarter of the children (25.6%) had enlarged tonsils; in 21.0% the enlargement was marked, and in 4.6% it was so great, as to render removal advisable. See Table on this page. The parents were notified in all cases of great enlargement, and also in those cases where enlarged tonsils were associated with mouth breathing, deafness, etc.

The percentage of enlarged tonsils was greatest at the Wheatley Street Schools. That this should be the case in a large and specially ventilated school may at first sight appear surprising, but I believe that it can be accounted for in one or both of two ways. Firstly, Wheatley Street is the only mechanically-ventilated elementary school in Coventry. There is little doubt that mechanical ventilation does predispose to an irritable condition of the mucous membranes and to tonsillar enlargement. It is obvious on consideration that a large school ventilated by mechanical means cannot have that thorough perflation of fresh air, which is essential to the removal of the products of respiration, body, and clothing exhalations, and organic dust, produced by the aggregation of a large number of children, actively employed in mental and physical work.

ENLARGED TONSILS.

	No. of children examined.	Enlarged.		Much Enlarged.		Total enlarged and much enlarged	
		No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
All Schools ..	3099	652	21.0	144	4.6	796	25.6
WHEATLEY ST							
Infants' Dept ..	108	37	34.2	3	2.7	40	37.0
Girls' ..	83	22	26.5	6	7.2	28	33.7
Boys' ..	85	31	36.4	10	11.7	41	48.2
All Departments ..	276	90	32.6	19	6.8	109	39.4

Secondly, the large hall is regularly and systematically used for drilling the boys and girls. The boys, who use the hall more, and open windows less, than the girls, and also drill in larger squads, present a higher proportion of enlarged tonsils than the

girls, in fact a higher proportion than any other school or department in Coventry. It should be observed that the examination took place in the early spring, when the full effect of the winter's closed windows and hall drilling would be at its maximum.

Should diphtheria be introduced into this school, the inflamed and enlarged tonsils of the children would present good soil for the disease seeds, and the raising of dust by drilling an excellent method of helping in the sowing of them.

I would urge that the practice of drilling the children in the large hall, except in the severest weather, should be abandoned. Playgrounds and covered areas are provided, and should be used. Physical exercises conducted in a dusty or vitiated atmosphere lose half their value."

Dr. Weaver's observations concerning enlarged tonsils given above appeared so important that I presented a special report embodying them to your Elementary Education Sub-Committee on October 6th; and certain instructions were given by that Sub-Committee on the subject of drilling in schools, and a report was also asked for concerning the ventilation of the Wheatley Street School.

"*Mouth Breathing*.—Four hundred and eighteen or 13.4% of the children breathed through the mouth instead of through the nose. Although the exact cause of this was not generally investigated, the majority, especially those associated with enlarged tonsils and deafness, would be due to adenoid growths, while others would be due to catarrh, rhinitis, enlarged turbinated bones, polypi, etc.

The parents were informed of this defect in all cases, and, when the parents were present, the injurious effects of mouth breathing upon the child's health were pointed out, and the importance of an early cure insisted on. In the absence of instruction, parents do not recognise the condition or they think it will come right, not realising that loss of nose breathing, even for a few years, may mean recurrent attacks of bronchitis, imperfect growth of the chest, nose cavities, and jaws, the latter leading to crowding and increased liability to early decay of the second teeth.

Where adenoid growths had been removed by operation, due attention had seldom been paid to the restoration of nose breathing by special exercises.

Enlarged Glands.—One-fifth of the children (621 or 20.0%) had undue enlargement of the glands of the throat or neck. Many cases were produced by decayed teeth or inflamed tonsils, others by sores on face or scalp—the latter due to vermin in the hair. Some of the glands were probably tuberculous, but in only one case were there other signs present to confirm this diagnosis.

External Eye Diseases.—Ninety-eight cases (3.1%). These diseases were chiefly eczema of the margins of the lids (often aggravated by defective sight), and inflammations of the conjunctiva and cornea. A small number of conditions were congenital, or the results of past diseases or injuries.

Squint.—Sixty cases (1.9%). Parents were advised to obtain medical advice in all cases, where efficient treatment had not been obtained. Many of these cases of squint are due to errors in the focus of the eyes, and can be cured by the early use of spectacles, whereas if they are allowed to persist, they can only be cured by operation, and even then the sight of the squinting eye may have been lost. The spectacles are generally as necessary for the correction of the defective eyesight, as for the treatment of the squint. It is cruel to allow a child to grow up with a squint, which might be cured during childhood, as it is certain to detrimentally affect his future value in the labour market. Incidentally it may be remarked that a number of young adults present themselves at eye clinics to have their squints cured—they have arrived at a marriageable age and find that a squint handicaps them.

Defective Sight.—The acuity of vision was tested with Snellen's types in all senior scholars, and in those infants who could read letters sufficiently well. Of the 1731 children thus examined 323 (18.6%) had half or less than half of normal vision in one or both eyes. The parents were advised to obtain special advice in all these cases. Each of four children had an eye removed.

External Ear Diseases.—Forty-eight cases (1.5%). These were chiefly cases of running ear or eczema. Unfortunately little attention seems to be paid to treatment of discharging ears. If treatment were good and sufficiently prolonged, many cases observed could be cured, and much deafness prevented.

Deafness.—One hundred and forty-three cases (4.6%). Generally due to discharge from the ears or to adenoid growths. A small number were associated with mental defects.

Heart Diseases.—Thirty-two cases (1.0%). All these were organic, *i.e.*, due to deformity or disease of the heart walls or valves, or of the large blood vessels. A few were congenital in origin, but the majority were the results of rheumatism, chorea, etc. Functional murmurs, due to anæmia, etc., are not included.

Lung Diseases.—Two hundred and twenty cases (7.0%), chiefly bronchial catarrh and bronchitis, but include asthma, 2 cases; acute broncho-pneumonia, 1 case; and the results of old empyema, 3 cases.

Tuberculosis.—Sixteen cases (.51%). These include one case of tuberculous glands of neck, 1 tuberculosis of spine, 1 tuberculosis of leg, and 13 cases of early consumption. Five of these latter were doubtful, but as it is most important to recognise these cases early, the parents were informed of the suspicion in order that they might obtain medical advice.

An undue growth of downy hair, particularly on the back, is often a sign of a tendency to tuberculosis. During inspection I noted 109 cases of undue growth of hair upon the back. It remains for future inspections to reveal whether these children develop an undue proportion of tuberculous affections.

Chorea.—Only 4 cases of marked chorea were discovered, but several doubtful cases were noted, and the importance of not forcing these children was pointed out to the teachers.

Deformities and Deformed Chests.—The following Table shows the nature and proportions of these deformities. Many other minor deformities and blemishes were recorded, but only rare or interesting conditions, or those likely to impair the child's appearance or wage-earning capacity, are tabulated. Cases of squint are not included.

DEFORMITIES.

Number of Children examined, 3099.

Paralytic :

Facial paralysis ...	...	...	...	3	
Infantile paralysis ...	...	...	...	3	
Hemiplegia ...	...	...	...	2	
				<hr/> 8	
				<hr/>	<u>0.25%</u>

DEFORMITIES—continued.

Non-Paralytic :

Absence of pectoralis major	...	...	...	...	1
Branchial cleft, coccygeal dimple, etc.	...	...	...	...	3
Eye : Excised	...	...	...	...	4
Ptosis	...	...	...	...	1
Other	...	...	...	...	6
Nose	...	...	...	...	5
Haré lip, cleft palate, etc.	...	...	...	...	4
Microcephalous cretinism	...	...	...	...	3
Disfiguring birth marks	...	...	...	...	2
Disfiguring or disabling scars from burns, etc.	...	...	...	...	4
Operation Wounds:—					
Tracheotomy	...	...	...	...	2
Other	...	...	...	...	6
Deformed forearms	...	...	...	...	1
Deformed fingers or toes	...	...	...	...	5
Genu valgum	...	...	...	...	6
Curved tibiae	...	...	...	...	4
Flat foot	...	...	...	...	3
Curvature of spine	...	...	...	...	8
Joints: Dislocations	...	...	...	...	2
Ankylosis, etc.	...	...	...	...	5
Torticollis, etc.	...	...	...	...	1
Tumours	...	...	...	...	2
Hernia : Inguinal	...	...	...	...	9
Ventral	...	...	...	...	1
					88
					<u>2.83%</u>

Deformed Chests :

Very flat or depressed	...	...	...	...	31
Asymmetrical	...	...	...	...	18
Harrison's sulcus, pigeon, etc.	...	...	...	...	98
					147
					<u>4.74%</u>

Rickets.—One hundred and fifty-eight cases (5.0%). The proportion of children showing signs of past rickets is small. Probably rickets is not so common in Coventry as in most large towns. That this is so is supported by the small number of cases of bowed legs or curved tibiae (4) recorded under deformities.

Infectious Diseases.—These include a few cases of Mumps and Whooping Cough, 2 cases of Scabies, and 2 cases of Scarlet Fever.

Skin Diseases.—One hundred cases (3.2%). Most of these were eczema, small patches of impetigo, seborrhœa, ichthyosis, etc. Children with impetigo, unless it were severe or spreading, were not excluded from school.

Enlarged Thyroid.—Nineteen girls and two boys were found to have enlargement of the thyroid gland (goitre).

Other Defects.—These include cases of incontinence of urine, rheumatism, small sores and wounds, etc.”

Ringworm.—Forty cases of this disease were found and excluded from school. Near the end of the year a very excessive proportion of cases were discovered in one Department; it appeared clear that some steps should be taken other than those that had been taken, or otherwise the percentage attendance and consequent grants would suffer for a considerable period.

Accordingly I reported to your Elementary Education Sub-Committee on January 5th of this year. The course that had hitherto been adopted was simply to communicate with the Head Teachers the name of any child found to have Ringworm, requesting exclusion. And no further steps were taken to ascertain whether the disease was cured before re-admission; this was left to the Head Teachers; either with or without medical certificates the children were re-admitted when the Head Teachers thought well. I have learnt that some cases were re-admitted within a week or less of their exclusion, and sometimes on a medical certificate that the disease was cured. Inasmuch as the determination of whether a Ringworm is cured is often a very difficult matter, and is sometimes impossible without a tedious microscopic examination of selected hairs, it may be anticipated that the value of certificates of freedom from infection may vary with the giver and his discrimination.

Again, it has to be appreciated that the disease is a very chronic one, and unless attacked assiduously it may last for years. Your Elementary Education Sub-Committee determined that no cases should be re-admitted to school unless they were certified as free either by the Assistant Medical Officer or by myself.

Probably I can best show that the difficulties presented by Ringworm are met with elsewhere, by quoting from the report of the Chief Medical Officer of the Board of Education for 1908:—

“There is considerable evidence that the prevalence of the disease is under-estimated, and where more active measures have been put into force, in order to ascertain the number of children affected, it has been found to be more widespread than was supposed. This is in part due to the fact that all teachers are not equally active in searching out cases, or in causing them to be excluded from school; and in part to the fact that the disease occurs frequently in atypical forms, and indeed is not unusually represented in large degree by a general scurfiness of the head. In regard to this question, the opinion expressed by the School Medical Officer for Somerset will probably be found to hold true in the case of many other areas. ‘I have good reason to believe,’ he states, ‘that this disease is very much more prevalent amongst our children than any figures at present available would indicate. The greater number of the cases have remained unrecognised either from the first, or from the date of supposed recovery, which was in fact no recovery at all. When nurses are at work systematically examining the children’s heads, there is reason to believe that the number of cases brought to light will be greatly increased.’ This statement is well borne out in the case of the City of Bradford, where records as to the number of children absent from school each week on account of ringworm have been kept for some years. The average number in the past has varied from about 80 to 100 each week (out of an average attendance of approximately 37,000), but with the advent of the school nurse, and with the payment of more attention to the question in other directions, this number has been doubled, and the report shows evidence that there still remains a considerable number of affected children in the schools.

If the disease is to be stamped out very careful consideration will have to be given to the matter by Local Education Authorities, and in some areas the effect upon school attendance is likely to be serious. It cannot well be more serious, however, than the present loss of grant entailed by the continued absence from school of large numbers of children suffering from the disease. The extermination of the disease can only be expected if stringent measures are taken, carefully planned, and consistently carried out. Of primary importance are—(1) careful observation by the class teacher; (2) the exclusion of all children affected; and (3) the strictest supervision over all children

returned to school as cured. In many areas it will probably be found difficult to carry out the first measure without the employment of the school nurse; and the result can probably even then only be obtained by the periodic examination of the heads of *all* school children. To give effect to the third measure will undoubtedly raise difficulties. It is well known that many children return to school presumably cured, and yet an examination of the head shows that a cure has not been effected. Some interesting figures bearing on this point are given in several of the reports. Thus it was noted in the City of Sheffield that the average length of time during which the children were absent on account of ringworm was just over five weeks, and a similar duration is reported from the Borough of Leicester. On the other hand, in the case of the Boroughs of Hornsey and Finchley, where no child was allowed to return to school until actually cured, the average duration of absence was 20 and 18 weeks respectively. Even medical certificates do not seem free from error on this point. The experience of the School Medical Officer for Croydon is not an isolated one. He says: 'We are much hampered by the large number of children admitted to school on medical certificates as convalescent from ringworm, but who are subsequently found to be in an infectious condition.' "

As the exceptional measures which have recently been taken on this matter resulted from an examination of a particular Department by Dr. Cates, I am here appending some remarks of his concerning the proportion affected in the several departments inspected by him:—

"The schools where a systematic medical examination of the children has been carried out by me during November and December are:—

Little Heath.

Red Lane.

St. Peter's.

The amount of Ringworm found at Red Lane School, particularly in the Infants' Department, is noteworthy, and appears to call for comment.

The figures were:—

1. Red Lane.	(a) Boys	...	2·3 per cent.
	(b) Girls	...	1·6 ,,
	(c) Infants	...	9·1 ,,

2.	St. Peter's	(a) Boys	...	Nil.
		(b) Girls	}	...
		(c) Infants		
				1.7 per cent.
3.	Little Heath	(a) Mixed	...	3.3 „

At Little Heath practically no infants are received; this fact should tend to lower the number of cases, ringworm being more common in infants than in the seniors.

Teachers, as a rule, carefully exclude a child suffering from ringworm of the body, an affection easily cured, while they readily admit children having localised patches of 'scurf on the head' which is the term usually applied by parents and others to Ringworm of the scalp, a condition easy to diagnose, but unless correctly treated, very difficult to cure.

The system at present adopted for dealing with the affected children is as follows:—

(1) The child is excluded from school.

(2) Is visited by the School Nurse, who discovers whether it is receiving treatment; if untreated, the parents are strongly advised to seek advice.

(3) Further visits are made, when possible, to see that advice is sought and treatment carried out.

(4) Before re-admission the child is examined, and if cured, a certificate is given to the teacher to that effect. The child is then re-admitted.

Should doubt be cast on the correctness of the diagnosis, or for other reasons the course seem desirable, some of the affected hairs are sent to the Lister Institute for examination. Up to the present 8 specimens have been sent, of which 7 have shown the presence of Ringworm.

Unless a microscopic examination of the hairs be made, it is difficult to be certain that the case is cured. It will be seen from the above statement that a very considerable amount of work is entailed in visiting the excluded children.

Should the percentage of Ringworm cases hitherto found hold good for the schools to be examined during 1910, about 480 children will be excluded from school for a varying period of time. It is easy to see that the visiting involved by this number of cases may largely occupy the whole time of one school nurse."

(e) “ *General review of the relation of home circumstances and social and industrial conditions to the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.*”

Under this head Dr. Weaver writes as follows :—

“ As Assistant Medical Officer I have had little opportunity of judging of the home conditions of the children, apart from the facts gleaned from the parents, who presented themselves at the inspections, and during the few home visits I was able to make.

As comparatively few married women are employed in the Coventry factories the majority of cases of neglected or unclean clothing and verminous conditions of head and body cannot be ascribed to industrial conditions, and in many cases I have satisfied myself that they are due to laziness or something worse.

(f) “ *Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsillitis, discharging ears, pediculosis, ringworm, and other skin diseases, including an account of the action of school nurses in obtaining or assisting in the treatment of such defects.*”

In my last annual report I entered very fully into the facilities existing in this City in the way of parents obtaining medical treatment for their children. So far nothing in the way of treatment has been undertaken by the local Education Authority. The question, however, arose on a letter which was received from the Coventry and Warwickshire Hospital asking that the Education Committee should subscribe towards the funds of that institution on the ground that the institution treated a number of school children. A special Sub-committee of the Education Committee was then formed to consider the whole matter of treatment. That Sub-committee has met and instructed me to report, which I hope to be able to do shortly.

(g) “ *Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Article 45 (b) and 57 of the Code of 1908.*”

A table on page 106 gives the number of cases of alleged infectious illnesses which have been reported to the Health Department during the year by the Head Teachers under Section

39 of the Corporation Act of 1900. It appears necessary for me to point out that this table is only of limited utility in gauging the incidence of these diseases, for the reason that from some of the larger departments no returns whatever were received; it is quite impossible to conclude that this is due to a perfect immunity of those departments to these illnesses; the only reasonable conclusion, in regard to these larger departments, is that the Head Teachers ignore the requirements of the Act. It may be added that in order that the system should work smoothly your Sanitary Committee supply all of the Head Teachers with stamped and addressed forms for use in this connection.

It will be seen that there has been considerable prevalence of measles during the year, and unfortunately this must have interfered considerably with school attendance; in order to diminish this interference as much as possible, and at the same time to prevent the attendance of those children whose attendance would be the most likely to assist in the spread of the infection, the same course is adopted here that is adopted in London and some other large towns, viz., to advise that when this illness occurs in a house, the other children should only be prevented from attending school when they attend departments where infants are received, or when they themselves have not had measles. This is not a counsel of perfection; it is distinctly in the nature of a compromise, which has in view the different interests involved. The same course is adopted in the case of Whooping Cough, German Measles, and Chicken Pox. With such other infectious ailments as Scarlet Fever, Diphtheria, and Small Pox, the whole of the children in the same house are excluded.

It has generally been possible in previous years to arrange that most of the cases notified should be visited by the Health Visitor, in order to see that children are excluded where necessary; this is specially important where the children from one house attend more than one school; it will be seen under the head of the Health Visitor's duties that some visits were paid, but the cases were so numerous that it was quite impossible for one Health Visitor to attempt it. The Head Teachers were, however, informed as to the principles of exclusion, so that where they knew of the existence of illnesses they were able to some extent to safeguard the interests of the other children in their schools. As the personal interests of the Head Teachers are touched by the

NOTIFICATIONS RECEIVED FROM SCHOOLS.

SCHOOL.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Ringworm.	Mumps.	Diphtheria.	Measles.	Skin Disease.	Blight.	TOTAL.
Earlsdon .. ..	..	1	..	..	..	..	..	..	..	1
Edgewick, Sen. ..	No Returns									
„ Infants ..	..	14	9	..	5	..	79	1	..	108
Little Heath .. ..	..	..	4	..	..	..	39	..	..	43
Paradise	4	17	18	..	2	4	98	..	..	143
Radford	6	..	5	..	3	..	34	..	..	48
Red Lane, Boys ..	..	..	4	..	..	1	50	1	..	56
„ Girls ..	..	..	4	..	1	5	26	..	..	36
„ Infants ..	..	3	2	..	..	..	74	..	..	79
South Street, Boys ..	..	..	11	..	4	1	10	..	..	26
„ Girls ..	..	..	..	..	..	1	4	..	..	5
„ Infants ..	No Returns									
Spon Street, Boys ..	No Returns									
„ Girls ..	..	..	..	..	..	..	3	..	..	3
„ Infants ..	..	4	7	..	3	..	29	..	..	43
Stoke Council ..	..	..	3	1	..	..	67	..	..	71
Union Street, Mixed ..	..	1	7	..	..	..	5	..	..	13
„ Infants ..	3	..	5	2	..	..	4	..	..	14
Wheatley St., Boys ..	..	..	3	..	..	..	..	..	..	3
„ Girls ..	No Returns									
„ Infants ..	2	..	1	..	..	..	88	..	..	91
Fredk. Bird, Sen. ..	..	2	..	..	2	..	54	..	..	58
„ Infants ..	3	..	3	3	8	..	150	..	..	167
St. Thomas', Sen. ..	..	1	5	..	..	1	12	..	..	19
„ Infants ..	16	..	3	..	3	1	13	..	..	36
John Gulson, Boys ..	..	..	..	1	..	..	17	..	..	18
„ Girls ..	..	..	1	..	2	..	2	..	..	5
„ Infants ..	2	..	1	..	1	..	43	..	..	47
Special School, Wheatley Street	No Returns									
All Saints', Sen. ..	..	..	..	6	..	..	1	..	..	7
„ Infants ..	1	..	..	2	..	..	35	..	..	38
King Street, Girls ..	1	3	3	..	..	..	26	..	..	33
Holy Trinity, Boys ..	No Returns									
„ Girls ..	..	2	5	..	2	..	25	..	..	34
„ Infants ..	9	7	3	..	..	1	61	..	..	81
King Fields	4	1	..	..	1	..	2	..	..	8
St. John's, Boys ..	1	..	1	2	..	..	5	..	..	9
„ Girls & Infants ..	2	..	..	..	1	..	12	..	..	15
St. Mark's, Sen. ..	No Returns									
„ Infants ..	2	..	..	..	..	..	34	..	..	36
St. Mary's, Sen. ..	No Returns									
„ Infants ..	6	..	..	..	..	..	7	..	..	13
St. Michael's, Boys ..	No Returns									
„ Girls ..	..	..	7	..	..	..	5	..	..	12
„ Infants ..	1	1	5	..	2	..	15	..	..	24
St. Osburg's, Sen. ..	1	8	2	..	3	..	11	..	4	29
„ Infants ..	..	8	..	..	..	..	37	..	..	45
St. Peter's, Boys ..	No Returns									
„ Girls & Infants ..	..	..	..	..	..	..	1	..	..	1
Stoke National ..	..	11	..	..	17	..	58	..	..	86
Thomas Street ..	1	1	2	..	3	..	..	..	..	7
St. Joseph's Convent	1	..	..	..	..	..	..	..	..	1
Public Vaccinators* ..	No Returns									
	66	85	124	17	63	15	1236	2	4	1612

* Under Section 4 of the Vaccination Act, 1898, Public Vaccinators are required to notify to the Medical Officer of Health whenever they postpone a vaccination on account of the condition of the home or the prevalence of infectious disease.

exclusion of children on account of infectious illness, it is a matter for regret that the "epidemic grant," which allowed such absentees to be counted as present, was done away with by the Board of Education some years ago.

No schools were closed during the year on account of infectious disease.

(h) *"Review of methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children under the Acts of 1893 and 1899."*

During the year, in May, a special school for mentally defective children was started by your Education Committee at the building formerly occupied as a Pupil Teachers' Centre at Wheatley Street. All the children admitted to that school have been personally examined by me, some of them on many occasions, and before admission have been certified as suitable for the school; I find that I have certified 46 children as suitable; and after an experimental period in the school I have certified that 4 children have been found unsuitable; for some of these more suitable provision has since been found in more appropriate institutions. A systematic inspection of the children was conducted by Dr. Weaver, and I have paid numerous visits to the school. A visit was paid to this school by Dr. Eichholz, the Medical Inspector of the Board of Education specially appointed to visit this class of school; I gathered that on the whole he was favourably impressed with the arrangements, though to me he expressed some doubt as to whether certain of the children would benefit by the education afforded by the school; after a fair period of probation some of these children have had to be excluded as being unteachable in this school.

The Head Teacher informs me that at the end of the year there were 39 children on the books, and that the average attendance for the three months ending January 31st of this year was 29. From the number of children continually referred to me as possibly suitable for admission, it may reasonably be considered that the numbers on the books of this school will gradually increase. Several additional children have been certified as suitable during the current year.

In regard to the results obtained by this school I think the time which has elapsed since its formation is quite too short to allow of any conclusions being formed.

A number of other children alleged by the Head Teachers or others to be fit for this school have been examined, and reports have been made about them.

I signed certificates for the admission of two children to an institution for the blind, and one to an institution for the deaf and dumb; one child was certified under the Blind and Deaf Children Act, 1893. One was examined, but not certified for admission to a school for the feeble-minded.

I also examined and reported on the suitability of one child for admission to a deaf and dumb institution; three concerning their admission to a residential school for mentally defectives, and three others re their admission to idiot asylums.

(i) "*Review of—*

- (1) *The methods and results of instruction in personal hygiene and temperance in the Public Elementary Schools in the area;*
- (2) *The methods and results of physical or breathing exercises in the Schools;*
- (3) *Arrangements for open-air Schools, School Camps, &c., under Article 44 (g) of the Code of 1908."*

At this early stage of systematic inspection it would not appear that anything useful can be said concerning the first two of these headings; in regard to the third, I am not aware that the question of open-air Schools has been contemplated locally.

(j) "*Account of miscellaneous work, such as the examination of scholarship candidates, pupil teachers, or teachers of any grade."*

Forty bursary candidates were examined either by Dr. Weaver or by myself. One hundred and five children were examined and reported on concerning their fitness to attend school.

The total number of letters written in connection with this school work, omitting semi-printed notices, numbered 1,592.



House (in foreground) condemned and voluntarily closed.

PART III.

General Sanitary Administration.

The City and Pinley Isolation Hospitals.

During the year the City Hospital has been used for the isolation of Scarlet and Typhoid Fever patients, and the Pinley (Small Pox) Hospital has received no patients.

At the City Hospital 543 patients have been under treatment, a number twice as great as in the previous year; 43 patients were remaining in at the beginning of the year, and 500 were admitted during the year; of this latter number 13 were sick staff, and the remaining 487 were patients actually admitted. The whole of these were from the City of Coventry with the exception of two patients who were admitted from the Meriden Rural District.

During the greater portion of the year the Hospital has been too small to admit all of the patients suffering from Scarlet Fever who sought admission, and in February an arrangement was come to with the Foleshill Rural District Council to admit patients to their Hospital, while their accommodation permitted it; in November, however, that Council found that an epidemic of this disease in their district temporarily put an end to the arrangement. Such a proceeding, except on a limited scale, must necessarily be an expensive one, and the expense to the Corporation entailed is given subsequently.

Twenty-three additional beds were put up in the existing pavilions, and at the end of the year 12 others were on order; there is, however, obviously a limit to the extent to which overcrowding of this character can be carried.

Two patients on admission were found to be suffering from Chicken Pox, and were immediately sent home.

In all, there were 104 patients from Coventry sent to the Exhall Hospital; of these 5 died, giving a fatality of 4.8%.

The adjoining table sets out the particulars of the admissions to and discharges from the City Hospital during the year.

DISEASE.	In Hospital Jan. 1, 1909.	Admitted during 1909.	Total	Recovered.	Died.	Remaining in Hospital Jan. 1, 1910.	Fatality per cent.
Scarlet Fever	42	472	514	423	12	79	2·7
„ „ Staff .. ..	..	3	3	3	..	..
Typhoid Fever .. ..	..	10	10	5	1	4	14·2
„ „ Staff	1	..	1	1	..	..
Gonococcal Septicaemia (Admitted as Typhoid Fever.)	..	1	1	1	..	..	..
* Measles .. ..	..	2	2	2	..	..	..
* Varicella ... ..	..	2	2	2	..	..	..
* Admitted as Scarlet Fever.							
Sick Staff—							
Diphtheria .. ..	..	1	1	1	..	..	..
Pleurisy .. ..	..	2	2	2	..	..	..
Rheumatism .. ..	..	1	1	1	..	..	..
Tonsillitis .. ..	..	5	5	5	..	..	..
Cephalalagia .. ..	..	1	1	1	..	..	..
	43	500	543	447	13	83	2·8
	543			543			

The several parts of the Hospitals were open during the following lengths of time :—

City Hospital	North Pavilion	-	-	361 days.
	South „	-	-	360 „
	West „	-	-	348 „
	East „	-	-	354 „
	Iron Hospital	-	-	294 „
Pinley Hospital	-	-	-	0 „

The average period of stay of those patients who were admitted during the year to the City Hospital was 50·2 days.

The maximum, average, and minimum numbers of patients in the two Hospitals were as under :—

	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
City Hospital	88	61	34
Pinley Hospital	0	0	0

The comparison of these figures with those of previous years is given below :—

Year.	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
1902	45	35.0	24
1903	49	15.9	3
1904	62	28.9	7
1905	65	36.5	16
1906	53	40.0	27
1907	53	31.1	15
1908	52	29.7	11
1909	88	61.0	34

The number of beds for which the City Hospital is constructed is 62.

The following figures represent the number of patients that have been admitted annually to your Hospitals since the opening of the City Hospital in 1874 :—

1874— 12	1883— 34	1892— 72	*1901—405
1875— 14	1884— 34	1893— 65	1902—246
1876— 22	1885—101	1894—355	1903—211
1877— 38	1886—111	1895—408	1904—278
1878— 54	1887—158	1896—313	1905—269
1879— 76	1888—189	1897—234	1906—323
1880— 90	1889—210	1898—283	1907—256
1881—156	1890— 83	1899—257	1908—244
1882— 48	1891— 91	*1900—610	1909—500

* In these years the Pinley Hospital was for a time used as a Convalescent Scarlet Fever Hospital.

The current expenses of the City Hospital during the last financial year, ending March 31st, 1909, amounted to £2,442 7s. 1d.; those for the Pinley Hospital to £133 12s. 5d.

The character of these expenses is set out below:—

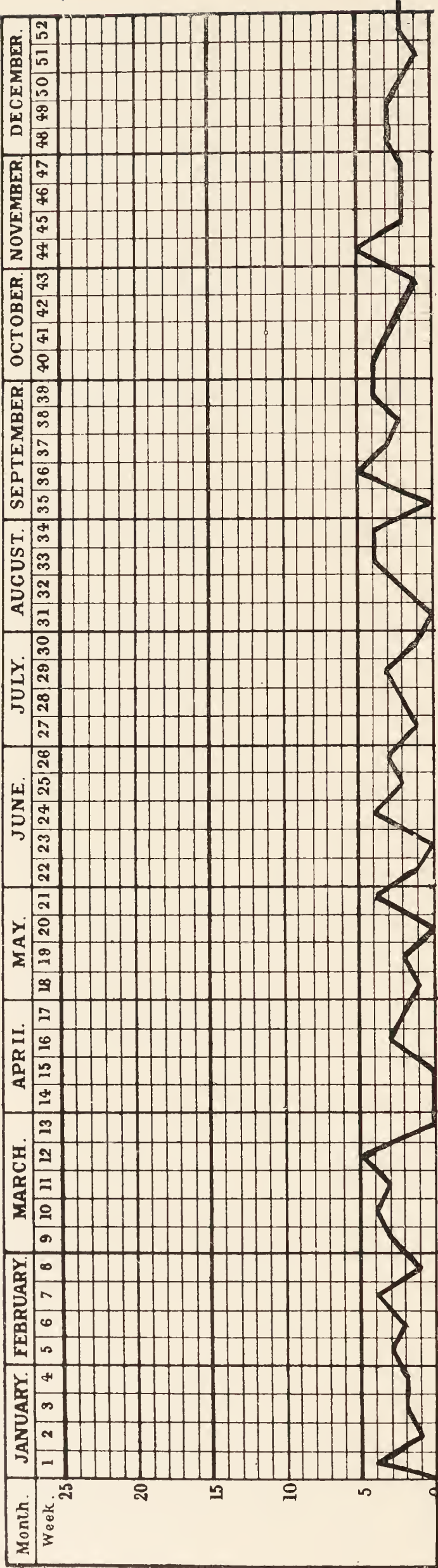
CITY HOSPITAL:—	£	s.	d.	PINLEY HOSPITAL:—	£	s.	d.
Acknowledgments ..		10	0	Fuel and Lighting ..	16	3	3
Rates, Taxes, & Insurances	168	0	3	Rates, Taxes, & Insurance	13	0	11
Repairs to Roads ..	45	1	0	Ironmongery, etc. ..	3	8	4
Alterations, Repairs, Furniture, etc. ..	277	6	3	Repairs, etc.	13	12	1
Shrubs and Seeds ..	2	17	11	Telephone	11	0	0
Telephone	6	5	0	Seeds, etc.	5	11	2
Provisions	581	15	8	Wages of Staff	70	16	8
Drugs and Appliances ..	63	1	4				
Drapery	49	10	7				
Fuel and Lighting ..	374	7	8				
Ironmongery, etc. ..	52	18	6				
Carriage	14	9					
Disinfectants	6	18	6				
Stationery, Printing, and Advertising	28	2	5				
Temporary Medical At- tendance at Hospital	25	14	6				
Medical Officer, Salary as Medical Attendant at Hospital	150	0	0				
Wages of Matron and Staff	601	2	9				
Matron, Disbursements ..	8	0	0				
	<u>£2442</u>	<u>7</u>	<u>1</u>		<u>£133</u>	<u>12</u>	<u>5</u>
To Fees for Maintenance of Patients	132	5	9				

The current quarterly expenses of the two hospitals in 1909 were as under:—

	City Hospital.	Pinley Hospital.
	£ s. d.	£ s. d.
1st Quarter -	678 9 10	48 9 7
2nd Quarter -	844 13 1	36 0 0
3rd Quarter -	590 6 11	23 5 7
4th Quarter -	721 19 7	43 5 9
	<u>£2,835 9 5</u>	<u>£151 0 11</u>

During the same time the sum of £154 5s. was received on account of the admission of patients to the City Hospital from outside districts.

DIPHTHERIA, 1909.



For the City Hospital, the sum above stated for maintenance expenses, divided among the average number of patients, amounts to 17s. 10½d. per head per week.

The average sum expended per week during the year for diet amounted to £14 15s. 5d.; this divided among the average number of patients and boarded staff, comes to 3s. 6¾d. each per week, or the cost of diet for each boarded person was as near as possible 6d. per day.

A further sum of £1,178 10s. 4d. was expended on the maintenance and medical treatment of the 104 Coventry patients in the Exhall Hospital.

In 1902 the City Hospital was extended by the erection of two blocks, giving accommodation for 34 beds, together with the requisite extension of the administrative portion; in the same year the use of a "factory" which had been temporarily hired since 1894 was discontinued; so that the accommodation at the hospital has remained the same since 1894, when the population was estimated at 55,300; and in my annual report for 1902 (page 70), in describing the then additions, I drew attention to the inadequacy of the hospital for the needs of the town.

Towards the end of the year your Sanitary Committee approved a recommendation of their Hospital Sub-committee to instruct your City Engineer to prepare a plan for the extension of the hospital by 40 beds for Scarlet Fever patients, and at the same time they were considering a report from me on the question of the advisability of making provision for Diphtheria patients.

Disinfecting and Ambulance Station.

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station:—

Visits paid to houses where infectious disease was suspected or notified—2,364.

Patients removed to the City Hospital—487.

Patients removed to the Pinley Hospital—0.

Patients removed to Exhall Hospital—104.

Houses disinfected by fumigation or spraying—722.

Steam disinfecting apparatus used 325 times.

Articles disinfected by steam—15,132.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out in nearly all notified cases of infectious disease.

In order to show how the work of this Station varies from year to year, I have made a summary of it for the past ten years in tabular form. During the past year it has been rendered exceptionally heavy on account of the removal of 104 patients to the Exhall Hospital, which is situated at a distance of from four to seven miles from different parts of the City. These removals occupied a large amount of the Disinfector's time, and he had to be assisted by the staff of Inspectors. Probably in the near future the work of this Station will require some rearrangement.

Years.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.
Visits paid to Houses where Infectious Disease was suspected or notified	1927	2859	1517	895	1093	1216	1333	1235	1311	2364
Patients removed to Hospital	612	404	246	210	236	241	295	229	235	591
Houses disinfected by fumigation or spraying	657	950	436	409	976	557	565	409	423	722
Steam disinfecting apparatus used ..	259	293	287	217	255	249	270	260	270	325
Articles disinfected by steam	16517	17111	12047	9250	10311	11580	15023	13235	13491	15132

The Need of a Public Mortuary.

The consideration of this matter is in the hands of a Subcommittee of your Sanitary Committee. In my last annual report it was stated that a site had been provisionally approved. A considerable number of legal difficulties have however arisen in connection with this site. The site was considered to present advantages difficult to find in other suggested sites, and attempts have therefore been made to remove the legal difficulties. A plan adapted for the site has also been provisionally approved; and it may be hoped that before long some progress may be made in this matter.

It would seem unnecessary here to enumerate the reasons why such an institution is very much called for; this seems now to be admitted.

Pauperism.

Mr. Arch, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject :—

Number of inmates of Workhouse at end of year 1909	545		
Average number of inmates for previous five years ...	548		
Number of persons who received out-door relief in 1909	964		
Average number of persons who received out-door relief in previous five years... ..	747		
		£	s. d.
Actual expenditure in out-door relief in 1909...	2,751	10	2
Average yearly expenditure in out-door relief in previous five years	2,568	2	5
Increase on the average expenditure in out- door relief	183	7	9

Pauper Sickness.

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all, 935 such cases have been returned. All cases of Consumption indicated in these returns are visited, and also a small number of other cases. These returns afford an indication of the amount and locality of illness among the poorest.

Overcrowding.

Thirty-five cases of overcrowding were dealt with during the year; this is a larger number than in any recent year. The following are samples taken, without selection, to illustrate the kind of cases dealt with :—

(1) The house contained 1 living room and 1 bedroom; and was occupied by a man, his wife, 3 daughters of ages 16, 12, and 6; and 4 sons of ages 7, 4, 2 and 1.

(2) The house contained 1 bedroom of a cubic capacity of 1,380 feet; it was occupied by a man, his wife, a daughter aged 17, and 4 sons of ages 18, 14, 8, and 7 months.

(3) The house consisted of 2 rooms; 1 living room and 1 bedroom; the cubic capacity of the bedroom was 1,074 feet; it was occupied by a man, his wife, a son aged 18, and a daughter aged 14.

(4) The house contained 2 bedrooms and 1 living room; the total capacity of the 2 bedrooms amounted to 1,266 cubic feet; the house was occupied by a man, his wife, and 7 children of ages varying from 3 months to 9 years.

(5) The house consisted of 2 bedrooms and 1 living room; the total capacity of the 2 bedrooms amounted to 907 cubic feet; it was occupied by a man, his housekeeper, and the man's son, aged 28 years; also, as lodgers, a woman and 2 young children.

(6) The house contained 2 bedrooms of a total cubic capacity of 2,104 feet, and was occupied by a man, his wife, 5 sons, aged respectively 21, 19, 15, 13, and 11; 3 daughters of ages 18, 15, and 8; and also 1 baby.

(7) The house contained 2 bedrooms of a total cubic capacity of 1,262 feet; it was occupied by a man, his wife, and 5 children of ages varying from 18 months to 10 years.

(8) This house contained 2 rooms on the ground floor and 2 rooms on the first floor, 3 of these being used as bedrooms; one room of a capacity of 750 cubic feet was occupied by a man, his wife, and 2 other adults, one being a male and the other a female; the second room was occupied by 1 man; this room had a capacity of 796 cubic feet; the third room had a capacity of 708 cubic feet and was occupied by a man, his wife, and 3 young children.

(Magisterial proceedings were taken in this case against the occupiers of two of these rooms and an order for the abatement of the nuisance within seven days was made).

Housing of the Working Classes Act, 1890.

The following table summarizes the action which has been taken under Part II. of this Act, and the results which have followed :—

YEAR.	Condemned on Certificate of M.O.H.	Improved in consequence.	Closed.	Re-opened after Improve- ment.	Back-to-back Houses made through-venti- lated by the inclusion of 2 Houses in 1.
1891	62	9	6	...	18
1892	43	10	29	...	...
1893	36	8	33	...	10
1894	6	5	1	...	4
1895	15	5	1	...	6
1896	9	...	4	...	...
1897	2	...	2	...	...
1898	4	2	...	...	...
1899	31	12	12	...	6
1900	75	30	5	...	6
1901	42	39	15	5	...
1902	43	23	12	8	...
1903	34	21	7	1	4
1904	40	39	7	1	4
1905	58	3	8	11	8
1906	8	23	4	3	2
1907	9	4	12	3	...
1908	31	23	...	2	...
1909	40	12	24*	1	...
Total ...	588	268	182	35	68

* 13. closed by Magistrates' Order. 11 Voluntarily closed.

The following is a detailed statement of the houses that have been improved :—

UNFIT HOUSES IMPROVED DURING 1909.

Nos. 2 and 3, in court 11, St. John Street.

No. 4 in court 11, Much Park Street.

No. 10 in court 4, Castle Street.

No. 6 in court 1, Chantry Place.

No. 8, New Street.

No. 17, Palmer Lane.

No. 18, Palmer Lane.

Nos. 5 to 8 in court 3, Gulson Road.

Previously Closed House (Order rescinded January 11th, 1909).
No. 61, Well Street.

Houses Closed by Order of the Magistrates:—

No. 2 in court 27, Much Park Street.
Nos. 4 to 8 in court 27, Much Park Street.
Nos. 5 to 8 in court 17, Little Park Street.
No. 53, Grey Friars' Lane.
House at rear of No. 53, Grey Friars' Lane.
No. 56, Grey Friars' Lane.

Houses Voluntarily Closed:—

Nos. 40 and 41, White Friars' Lane.
No. 1 in court 3, Far Gosford Street.
House at rear of No. 29, Cox Street.
Nos. 2, 4, and 8 in court 10, Spon Street.
Nos. 10, 11, 12, and 13 in court 4, Spon Street (since demolished).

Some slight progress has been made during the year in the matter of diminishing and improving some of the most undesirable houses existing in the City. The number that have been closed, either voluntarily or by Magistrates' Order, 24, has been larger than in any previous year since 1893. Both here and elsewhere the anticipation of the Housing and Town Planning Bill passing into law, and conferring extended powers on local authorities in this matter has tended to postpone action under the Housing Acts. That Bill became an Act during the last Session of Parliament. The part of the Act referring to insanitary houses gives to the local authorities power to make an order closing insanitary dwelling-houses, and there is an appeal from that order to the Local Government Board; this means that in future the entire responsibility of dealing effectively with this matter will rest on the local authorities, and their success in any endeavours they may make can only be limited by the extent that their action is supported by a responsible Government Department. It will be obvious that this is a far more satisfactory state of affairs than that which existed before, when the success of the action of the local authorities was limited and determined by the extent to which they were supported by a varying, and to that extent irresponsible body of Magistrates, either at Petty Sessions or at Quarter Sessions.

During the passing of this Act through Parliament a proposal was made to the effect that the name of the owner should be affixed to the outside of every cottage ; there can be little doubt that had such a proposal been accepted, it would have had a far-reaching effect on the sanitation of small houses.

With regard to the town planning part of the Act, it will be obvious that in such a rapidly growing town any powers given by the Act allowing the local authority to control to some extent the method of growth of the City, should be taken advantage of without delay. Your Town Clerk has recently reported on the provisions of the Act, and with his permission I reproduce his report here for reference :—

Housing, Town Planning, &c., Act, 1909.

REPORT OF THE TOWN CLERK UPON THE PRINCIPAL PROVISIONS OF THE ACT.

This Act amends the Housing of the Working Classes Acts, 1890 to 1903, and also introduces new provisions as to Town Planning.

PART I. Housing of the Working Classes.

Part 3 of the 1890 Act (which was formerly adoptive only, but which by this Act is put in force throughout the whole country) enables Local Authorities to provide houses for the Working Classes.

For this purpose a Local Authority formerly could only acquire land (otherwise than by agreement) by a Provisional Order confirmed by Parliament. Under the new Act, the procedure is much simplified, and they may now acquire land compulsorily by an Order submitted to and approved by the Local Government Board.

If a Local Authority fail to exercise their powers under Parts 2 or 3 of the 1890 Act, where those powers ought to have been exercised, the Board may make an Order directing the Authority to remedy the default, and the Order may be enforced by mandamus.

There is a similar provision where a Local Authority fails either to carry out an improvement scheme under Part 1 of the 1890 Act, or to give effect to any order as respects an obstructive

building, or to a reconstruction scheme under Part 2 of that Act, or to inspect their district for houses unfit for human habitation.

In future contracts for letting a house at a rent (in a borough of 50,000 population or upwards) not exceeding £26 there is to be implied: (a) a condition that the house is, at the commencement of the holding, fit for human habitation (except when let for not less than three years and the lessee is to put it into a fit condition), and (b) an undertaking that the house shall be kept so fit by the landlord. If the undertaking is not complied with, the Local Authority is to require the landlord, by a 21 days' notice, to execute the necessary works, and if the requisition is not complied with, and if the landlord does not give notice of his intention to close the house, the Local Authority may do the work and recover the expenses from the landlord. In this matter, the landlord has a right of appeal to the Local Government Board.

Probably the Council will deem it advisable to resort to the last-mentioned powers, for securing that houses within the rental limit are put in repair, in preference to enforcing the powers conferred upon them by the Act in regard to the closing and demolition of houses which become unfit for human habitation.

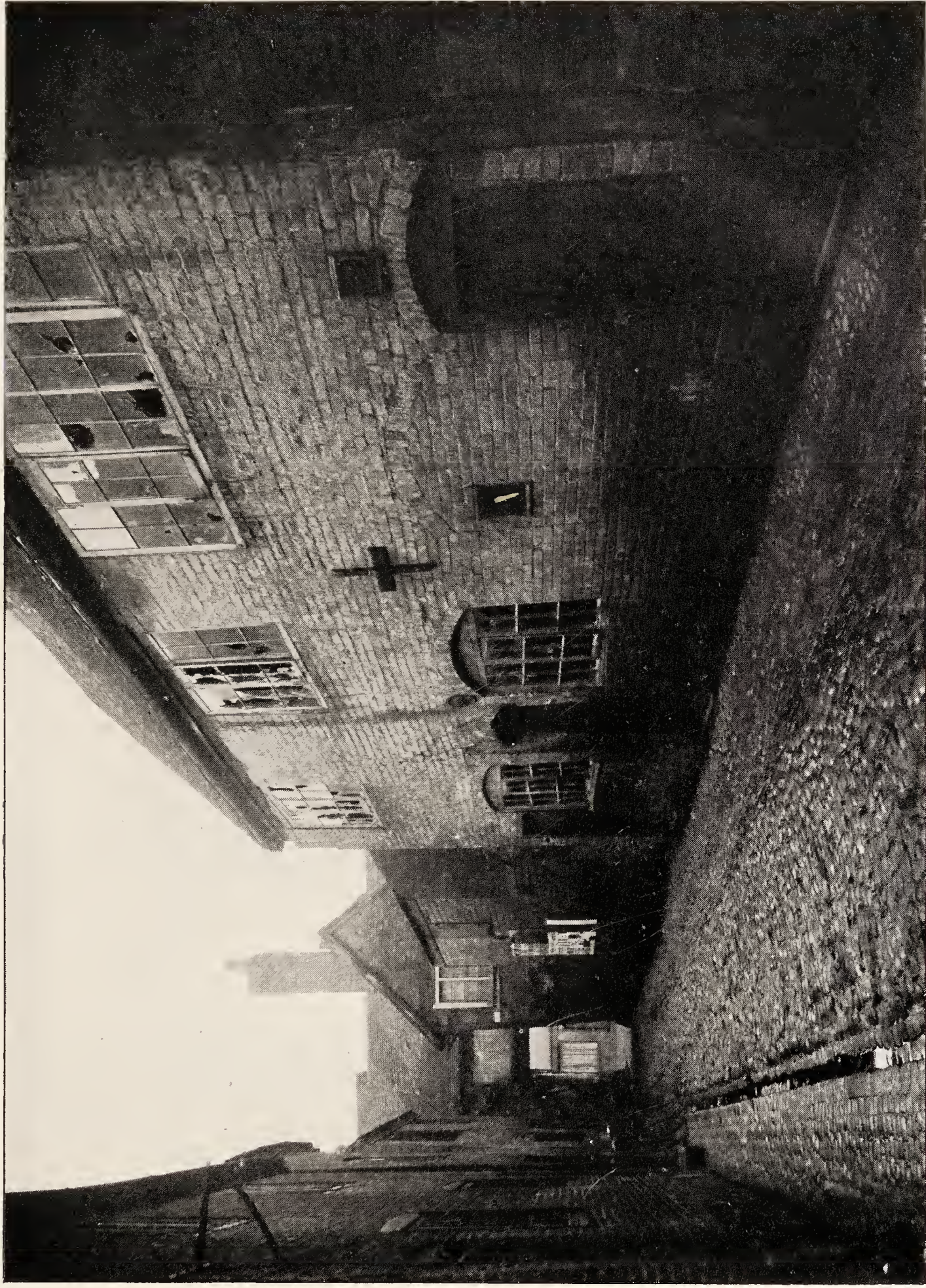
The power of making bye-laws under the Public Health Act, 1875, section 90, with respect to houses let in lodgings or occupied by members of more than one family, is extended in the case of houses intended for the working classes.

The Local Authority still have the duty of inspecting their district for houses unfit for human habitation, and they must keep such records thereof as the Local Government Board prescribe.

Closing Orders for houses unfit for human habitation are no longer to be made by a Court of Summary Jurisdiction, but by the Local Authority themselves, and an owner aggrieved has a right of appeal to the Board within 14 days after service of the Order on him.

No procedure is prescribed before making a Closing Order, but the Local Government Board suggest that the owner and all persons interested should first have an opportunity of being heard.

The allowance to a tenant for removal is to be determined by the Local Authority with the consent of the Owner, or, failing such consent, by a Court of Summary Jurisdiction, but no allow-



Two houses (to left of +) condemned and voluntarily closed.

ance is to be made if the house has been rendered unfit by the tenant or someone for whom he is responsible.

Underground rooms habitually used as sleeping places are, after 1st July, 1910, to be regarded as unfit houses, unless they conform to certain conditions.

Where a Closing Order has been operative for three months, and the house has not been and is not being rendered fit for human habitation, or where any building (being or being part of the house) is a nuisance or injurious to health, the Local Authority are to make a demolition order. Provision is made for hearing the owner, and giving him an opportunity to render it fit.

The Act contains provisions amending the Act of 1890 with respect to improvement and reconstruction schemes.

Lodging-houses for the working classes, charging not more than sixpence per night, are to be discharged from inhabited House Duties upon the production of the Medical Officer's Certificate that any house is solely constructed and used for lodgers, and that due provision is made for their sanitary requirements.

Increased powers of entry into houses and premises are given to persons authorised by a Local Authority, on giving 24 hours notice to the occupier and owner.

The erection of back-to-back houses intended to be used as working class dwellings is prohibited for the future. This, however, will not prevent the erection of a house containing several tenements placed back-to-back, if the Medical Officer of Health certifies effective ventilation of all the habitable rooms in every tenement.

Rules with reference to appeals have been made by the Local Government Board, who by another Order have prescribed Forms of Notices, etc., to be used in connection with the powers and duties of a Local Authority under the Housing Acts.

PART II. *Town Planning.*

The Act contains new and important provisions, and enables a town planning scheme to be made, as respects any land in the vicinity of towns which is in course of development or appears likely to be used for building purposes; the general object being to secure proper sanitary conditions, amenity and convenience in

connection with the laying out and use of land and of any neighbouring lands.

The Council may themselves prepare a scheme, or may adopt a scheme proposed by owners of land, but in either case before doing so must obtain the authorisation of the Local Government Board, who have to be satisfied that there is a *prima facie* case for making a scheme. Compensation is to be paid in respect of any property injuriously affected by the scheme, but no compensation is payable to any person on account of any building erected, contract made, or thing done, after the date of the application for such authorisation.

The Scheme when made must be approved by Order of the Local Government Board.

The Board are empowered to make General Provisions for carrying out the general objects of town planning schemes, and in particular for dealing with a variety of matters, such as streets and roads, stopping up and diversion of highways, buildings, open spaces, preservation of objects of historical interest or natural beauty, sewerage, drainage and sewage disposal, lighting, water supply, etc., etc. These provisions will be incorporated in every scheme, except as excluded or varied.

Special provisions may also be inserted for other matters, such as defining the area to which the Scheme is to apply, or any special circumstances not dealt with by the general provisions.

Provision is also made for securing co-operation on the part of the Local Authority with owners and other persons interested in the land proposed to be included in a scheme, at every stage of the proceedings, by means of conferences and such other means as may be provided by the regulations.

The "Responsible Authority" (usually the Local Authority) are empowered to pull down work contravening a scheme, or to execute work which it is someone's duty to execute under the scheme, where the delay is prejudicial, and to recover the expenses from the defaulters.

As above-mentioned, any person whose property is injuriously affected by a scheme, is entitled to compensation from the "Responsible Authority."

On the other hand, where property is increased in value by a scheme, the "Responsible Authority" can recover from the person benefited one half of the amount of the increase.

Compensation is, however, excluded or limited in certain cases, *e.g.*:—

- (a) Where the injury is, by reason of provisions in the scheme, similar to provisions contained in local byelaws;
- (b) Where the provisions of the scheme
 - (i.) Prescribe the space about buildings;
 - (ii.) Limit the number of buildings;
 - (iii.) Prescribe the height or character of buildings, and are considered reasonable by the Board.

If a Local Authority make default in performing their duties as regards Town Planning, the Local Government Board may order them to perform such duties, and the Order will be enforceable by mandamus.

The Local Government Board, in a Circular calling attention to the principal provisions of the Act in regard to this subject, state as follows:—

"The Town Planning part of the new Act involves, in fact, a material advance in the relations between the owners of the land and the local authorities in this country, and enables each party to co-operate with the other in promoting the general interest.

"The importance of co-operation on the part of the local authority with the owners and other persons interested in the land proposed to be included in a town planning scheme is fully recognised by the Act. Thus Section 56 (2) contemplates that the Regulations to be made by the Board under that section shall provide for securing this co-operation by means of conferences and otherwise at every stage. Again, amongst the matters to be dealt with by General Provisions under Section 55 is the power of the responsible Authority to make agreements with owners, and of owners to make agreements with one another (Fourth Schedule, Paragraph 13). It is hoped that by means of conferences, agreement may generally be arrived at between the local authority and the owners concerned before a scheme is formally submitted to the Board for their approval; and if it is thought that at any stage prior to such submission the assistance or advice of any of the Board's Experts might tend to facilitate such agreement or to save labour or expense, the Board will be quite ready to arrange for such assistance or advice being given."

“The Board trust that councils in whose districts signs of development are visible will give very full consideration to the opportunities which the Act offers of guiding and controlling that development for the benefit of the community, and that in doing so they will bear in mind the heavy burden which has fallen on the ratepayers of many districts in the past in remedying defects of the kind which it is now within their power to prevent.”

GEO. SUTTON,

10, Hay Lane, Coventry,

Town Clerk.

February 14th, 1910.

House Accommodation.

On November 16th I reported on this question to your Sanitary Committee as follows :—

“The enumeration of unoccupied houses in the City made for the year by the Health Department has been made in the past few days.

The following are the figures obtained, and also those for the previous year :—

		1909.		1908.
Houses of £20 per year and upwards	...	115	...	110
„ 5/6 to 7/6 per week	... ..	93	...	130
„ 2/6 to 5/- per week	... ..	65	...	41
„ under 2/6 per week	... ..	—	...	—
		<hr/>		<hr/>
		273		281
		<hr/>		<hr/>

These figures show that the number of empty houses now available very closely resembles the number found at this time last year.”

Your City Engineer has kindly furnished me with the following figures relating to the building operations for the past 18 years. The numbers are made up to November 30th in each year.

PLANS APPROVED.										
Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1892	152	13	75	8	0	0	0	0	6	254
1893	227	22	82	13	0	1	0	0	0	345
1894	180	15	73	14	0	0	1	1	1	285
1895	145	9	65	7	0	0	0	0	1	227
1896	548	67	125	1	0	0	1	0	21	753
1897	697	24	157	3	3	0	0	1	11	896
1898	425	17	167	7	6	1	1	0	19	643
1899	528	26	163	89	0	0	0	2	5	813
1900	488	11	106	24	1	1	1	1	3	636
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4	35	1536
								(including Addit'ns)		
1908	1084	16	42	94	2	1	1	0	17	1257
1909	1030	40	54	111	1	1	0	2	4	1243
BUILDINGS COMPLETED.										
1892	117	18	58	5	0	0	0	0	2	200
1893	193	13	65	9	0	1	0	0	3	284
1894	200	18	60	12	0	0	0	0	0	299
1895	129	10	53	12	0	0	1	1	2	208
1896	171	49	89	3	0	0	0	0	3	315
1897	399	48	56	2	2	0	0	1	0	508
1898	501	19	115	5	1	0	1	0	13	655
1899	466	13	101	21	0	0	1	1	9	612
1900	488	19	95	26	1	1	0	2	11	643
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2	0	746
								(Addit'ns)		
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	1010	48	20	32	2	0	0	1	18	1131
1908	1188	26	21	44	2	0	2	1*	7	1291
1909	1169	32	28	49	5	0	0	1	14	1298

* Sunday School.

Registered Places.

The questions that have arisen in connection with these, and the action which has been taken, are dealt with below :—

SLAUGHTER-HOUSES.

At the beginning of the year there were 52 private slaughter-houses in use; no alteration of this number has taken place during the year; in 4 instances changes of occupancy have occurred; the 7 annual licenses have been renewed; and no new applications for fresh slaughter-houses have been received.

During the year 2,055 visits were paid to the slaughter-houses, and 29 contraventions observed; 12 notices were issued, and verbal requests made in other instances. The contraventions related to the following matters :—Cleansing and limewashing of walls, 6; repairing and cleansing of floors, 4; slaughtering animals outside slaughter-house, 1; cleansing and repairing of yard and approach to slaughter-house, 3; omitting to notify change of occupation, 1; non-removal of offal and insufficient receptacles, 14.

Notifications were received from 50 butchers using 38 slaughter-houses, concerning the carcasses of 132 animals that were found after slaughter to be diseased or unsound. The meat surrendered and destroyed in connection with these notifications amounted to 6,486 lbs., and was as follows :—Beef, 5,944 lbs. (of which 5,082 lbs. were tuberculous); mutton, 66 lbs.; and pork, 476 lbs. (of which 166 lbs. were tuberculous).

In addition to the above, a carcase of diseased beef, brought in ready dressed from farm premises in the country, and deposited in a slaughter-house, was seized and destroyed by order of a Justice. This matter was considered by the Sanitary Committee, who authorised proceedings to be instituted, the defendant being fined £10, and costs £1 17s. 6d. Notice of appeal was given against the decision, but was subsequently withdrawn.

The circumstances in this case were somewhat unusual, inasmuch as the butcher informed the Inspector that he was about to bring a barn-dressed carcase into the City, but he omitted to state that the animal was not bled until it was in a moribund condition; also that the spleen had not been brought in with the other organs, but was buried in the manure heap at the farm premises.

The following articles of food were also surrendered:—300 eggs, 16 rabbits, and two sacks of potatoes.

The total meat surrendered amounted to 6,486 lbs., and the total seized to 740 lbs.

A special report was also made during the past year as to the situation and structural condition of the slaughter-houses.

THE QUESTION OF A PUBLIC ABATTOIR.

This matter has during the year been under the consideration of a Sub-Committee of your Sanitary Committee; a great amount of attention has been given to the question of site. This consideration has been useful in eliminating certain sites which at first appeared to offer advantages, but which, on further deliberation, presented drawbacks of various kinds. During the writing of this report a site has been provisionally agreed on. It may therefore be anticipated that a scheme suitable for this site may shortly be submitted.

The question of the size of the scheme to be prepared has received careful consideration. In order to form some idea as to the number of butchers for whom it would be desirable to provide accommodation, the Sub-Committee instructed me to furnish a detailed report concerning the whole of the 52 private slaughter-houses, with a view to determining the number which should be replaced by the Abattoir. That report I presented on June 16th; that report was necessarily long, and contained a large amount of tabulated information; I reproduce here an extract, which contains a summary of the main features:—

“At the last meeting of your Sub-Committee the question arose as to the number of butchers for whom it would be necessary to find accommodation at a Public Abattoir; this led to the further question as to what would probably be the policy of the Sanitary Committee or the Council in regard to the closure of existing slaughter-houses if a Public Abattoir were erected. Obviously the determining at the present time as to what that policy will be is a matter involving very great difficulty, and it is also probably one which your Sub-Committee will not be able to satisfactorily answer. I understood, however, from the opinions expressed at your last meeting, that your Sub-Committee desired me to obtain detailed information to date concern-

ing the actual condition and situation of the slaughter-houses at the present time; that information has now been obtained, and I am herewith placing before your Sub-Committee a detailed statement concerning the 52 slaughter-houses at present in use in Coventry, and also a map showing the situation of them. The particulars that have been obtained are similar to those obtained when I presented a somewhat similar report in 1902, and are based on the requirements of a good slaughter-house as defined by the rules laid down by the Local Government Board.

If these defects in the situation or circumstances of these private slaughter-houses be summarised, the summary would be as follows :—

Of the 52 slaughter-houses 50 are within 100 feet of dwelling-houses; in 25 instances they are approached by an entry from 2 feet 6 inches to 5 feet wide; in 4 cases they adjoin dwelling-houses; in 16 instances the slaughter-house opens into a court and is overlooked by dwellings; in 2 cases there is a room or loft over the slaughter-house; in 2 instances the ventilation is defective; in no less than 37 of the 52 slaughter-houses the walls are of common rough brick; 3 of the slaughter-houses communicate with stables; in 16 instances drains open inside the slaughter-house; in 12 cases the ventilation of the fasting pens is insufficient; in 5 instances the lairs are inside the slaughter-house; in 4 cases the fasting pens are used as stables; in 3 cases the slaughter-house is without fasting pen accommodation; in 5 instances the pavement of the yard is defective; in 2 cases the slaughter-house opens directly into the street; in 2 instances the slaughter-house communicates with a dwelling-house; in 4 instances the fasting pens are without drainage; and in 7 cases the slaughter-house floors are defective.

Probably it would not be possible to suggest any policy in regard to the closure of the slaughter-houses on the erection of an abattoir which would be universally accepted; the only course apparently open to me is to classify the existing slaughter-houses according to the defects shown by the preceding information, and I have classified them into three groups based primarily on their situation and general character according as to whether they may be termed “satisfactory,” “undesirable,” or “very undesirable”; on this basis the classification I have made works out as follows :—

SLAUGHTER-HOUSES, 1909.

Class.	Satisfactory.	Undesirable.	Very Undesirable.	Total.
1. Old Registered ...	0	1	15	16
2. Old licensed ...	0	1	24	25
3. Annually licensed slaughter-houses	2	1	8	11
	—	—	—	—
	2	3	47	52
	—	—	—	—

In regard to the actual accommodation for slaughtering in Coventry the following figures represent that demand. Of the 52 slaughter-houses 34 are apparently entirely used by the occupiers; 18 others are used by the occupiers and by 24 other butchers; there are therefore about 76 butchers who more or less require slaughtering accommodation; at the present time 24 of these are entirely without that accommodation except through the goodwill of occupiers of slaughter-houses.

In determining the extent of the accommodation required in a public abattoir your Sub-Committee will probably bear in mind that the objects for which an abattoir has been sought are not entirely to meet the wants of butchers who at present have no slaughter-house accommodation of their own; the primary objects which have led to a demand for an abattoir have been those in connection with the improvement of the present undesirable state of affairs in which slaughtering takes place in over 50 scattered slaughter-houses, most of which are undesirable structures in themselves, and also undesirably situated; also by concentrating the whole of this business in one central abattoir to make it possible for regular and systematic inspection of all home killed meat to take place.

Your Sub-committee must be aware of the fact that one of the arguments also adduced against a public abattoir has been that in a number of instances where these buildings have been erected they have not been self-supporting; the usual reason for this is that a number of private slaughter-houses remain in existence, and are competitors of the public slaughter-house. It is not necessary here to enter into any reasons why the private slaughterhouses are preferred even after a public abattoir has been erected. Powers are not generally possessed for the closing

of all the private slaughter-houses; in Coventry we have special powers, and out of the 52 private slaughter-houses, only some 16—and perhaps less than 16—cases would occur where the compensation question might arise.

I think it ought to be fully recognised at the present time that if in the long run the abattoir is to be self-supporting it must be built on generous lines; to make accommodation at least for all the butchers who might require it.

It would not necessarily involve the immediate closure of all private slaughter-houses, and it would not necessarily mean that the whole of the scheme need be completed at once, but the possibility of one slaughter-house—and one slaughter-house only—for Coventry should be borne in mind, so that the ultimate scheme is not crippled by having to be subsequently revised.”

It may be added here that the position brought about by the decision in *Goodwin v. Sale* (referred to in the last annual report on page 116) in regard to “old licensed” slaughter-houses, still stands; shortly, this decision was to the effect that the licences in these cases were given to the occupiers and not to the buildings; where the original occupant has ceased to occupy therefore, the license has terminated; as a result of this, some 24 private slaughter-houses in this City now in use are illegally occupied. Advantage of this decision has already been taken elsewhere.

DAIRIES, COWSHEDS, AND MILKSHOPS.

COWSHEDS.

The number of cowkeepers on the register continues to diminish; at the end of the year there were only 18; and there were 31 cowsheds in use; during the year 123 visits were paid to these; 8 contraventions were observed; these related to defective pavement and drainage (2); insufficient air-space (1); insufficient ventilation (1); and dirty condition of walls (4). One cowshed, erected some years ago as an unauthorised erection, was represented to your Sanitary Committee as unfit for use as a cowshed; after erection the owner had given an undertaking to pull it down when called on; he was asked to demolish it, and this was done. Six other cowsheds have ceased to be used as cowsheds.

An application for the use of an existing brick building as a cowshed was received by your Sanitary Committee; certain

alterations necessary were pointed out to the applicant, who thereupon withdrew the application. A further application was received concerning an existing wooden building, which your Sanitary Committee declined to sanction.

A cowshed was erected and used without notice being given to the Sanitary Authority, although the owner was verbally warned of the requirements of the Order. (Proceedings were taken in January, 1910, and the occupant fined 10/- and costs.).

MILKSHOPS.

The number of milksellers on the register at the beginning of the year was 278; of these 55 were removed during the year, and 80 others were added, leaving 303 names on the register at the end of the year. To the premises of these, 572 visits were paid during the year, and 29 contraventions were observed and dealt with; these related to milk stored in unsuitable places (22), milk stores requiring limewashing (5), and milk stores insufficiently ventilated (2).

One Milkseller discontinued the sale of milk after receiving a notice to the effect that the milkstore or milkshop was being used for purposes incompatible with the proper preservation of the cleanliness of the milkstore or milkshop, and of the milk vessels and the milk therein. In this instance fish, fruit, and vegetables were kept in the shop in which the milk was stored.

Several unregistered Milksellers were verbally cautioned, and in one instance a summons was issued against a purveyor for failing to apply for registration, also for not having his name and address inscribed on the vehicle or receptacle from which he was selling milk in a public place, for which he was fined 8s. 6d. and 18s. 6d. costs.

The further increase in the number of Milksellers' names now on the register is due to the applications which have been received from shopkeepers who have commenced in a small way of business in the newly-developed parts of the city.

TUBERCULOUS MILK.

The Milk Clauses of the Corporation Act (1900) enable us to take samples of milk with a view to determining whether they are likely to cause Tuberculosis or not, and if examination of them proves that there is a likelihood of their causing Tuberculosis, we

have power to examine the cows of the farm where the milk comes from, with the assistance of a Veterinary Surgeon, to ascertain, if possible, the cow that is at fault; we have this power whether the farm is situated inside or outside the City.

Some amount of work has been done under these Clauses during the year. In all, 19 samples of milk have been submitted to bacteriological examination; 8 of these were original samples, *i.e.*, first samples taken from various milk supplies. Of these 8 samples, 5 were found to be free from Tubercle Bacilli, and in 3 cases living Tubercle Bacilli were found; 2 of these samples came from one farm and the Tubercle Bacilli might have owed their origin to the same cow.

Inspector Clarke accompanied by a Veterinary Surgeon (Mr. Dale) visited this farm, situated in the Foleshill Rural District, on June 3rd, and Mr. Dale examined the udders of 49 cows, and finding 4 cows with suspicious udders, separate samples of milk were taken from these individual cows; Tubercle Bacilli were found in 1 of these 4 samples.

Inspector Clarke thereupon visited the farm and arranged with the farmer to remove this cow from the shed and to discontinue the use of the milk.

(The farmer subsequently gave an undertaking, in writing, not to mix the milk from this cow with other milk sent to Coventry, and also to notify the Health Department when he proposed to sell or otherwise dispose of the cow; during the writing of this report this notification has been received; the cow, having been fattened up, was brought into Coventry and slaughtered. Extensive tuberculosis of the udder was found, and slight involvement of a few visceral lymphatic glands; the affected organs were destroyed, and the bulk of the carcase passed as fit for food).

Two further mixed samples were taken from the herd after the separation of this cow, and they were found to be free from Tubercle Bacilli.

The third sample which was found tuberculous came from a farm in the Bulkington Rural District.

Inspector Clarke visited that farm, accompanied by a Veterinary Surgeon (Mr. Dale), on June 16th, the udders of 32 cows were examined by the Veterinary Surgeon, and separate samples of milk were taken from 4 cows having suspicious

udders ; three of these samples gave negative results, while the fourth contained living Tubercle Bacilli.

Our action in the case resulted in the discontinuance of the use of milk from this cow, but probably did not prevent the sale of the flesh of the cow for food, as is shown in the history of the cow which was subsequently obtained, and which is appended.

A further mixed sample from the rest of the herd contained no Tubercle Bacilli.

Certain obvious defects in the cowsheds at this farm were noted at the time of the examination of the cows and reported to your Sanitary Committee, and by them referred to the Bulkington Rural District Council ; this was followed by an interview with the owner of the farm, who undertook to carry out the alterations suggested by your Health Department.

The subsequent history of the cow referred to above was reported to your Sanitary Committee on September 7th, and a summary of that report is as follows :—

On July 15th the result of the examination of the samples was received, and it showed that one out of the four samples contained living Tubercle Bacilli.

On July 16th Inspector Clarke visited Bulkington and saw Mrs. A. (the owner's wife), who informed him that Messrs. C. and D., Knacker Dealers, of E., had purchased the cow concerned shortly after samples were taken on June 16th, and that no milk from this cow has been used since June 16th.

Mr. Clarke visited Messrs. C. and D.'s premises the same evening, and was informed that the cow had been sold by them to a drover at Coventry, named F. ; Messrs. C. and D. stated that Mrs. A. asked £5 for the cow, but they ultimately purchased the cow for 25s.

On July 17th, at 7 a.m., Mr. Clarke visited F. at B.G., who informed him that he purchased the cow in question from Messrs. C. and D. for £5, and sold it again to Mr. J. H., jun., cattle dealer, for £5 7s. 6d., and that Mr. H. sold it on July 5th, at Rugby Market, to a butcher named G. of W., who sold it again to a butcher named J. of L., who is said to purchase low-priced cows for slaughter.

No further history of the cow could be obtained, and probably by this time the animal had been slaughtered one or two weeks before.

Your Committee will recognise how very unsatisfactory is the present position in regard to following up cows suspected to be suffering from Tuberculosis, as the examination of the milk for Tubercle takes from two to four weeks, and the owner of the cow can, in the meantime, dispose of it without our knowledge.

The cow or cows are, however, removed from the herd, and the milk is rendered free from Tubercle Bacilli, so that some good is obtained by the steps that are taken.

COMMON LODGING HOUSES.

There were four Common Lodging Houses in the City in January, 1909; during the year the Inspectors paid 196 visits to these; and 8 contraventions were observed; 5 of these related to dilapidated and dirty conditions of walls, ceilings, and floors; 2 to dirty condition of bedding and bedsteads, and one to the fact of the absence of the keeper from the premises between the hours of 9 p.m. and 6 a.m., as required by the Corporation Act, 1900; a caution was sent to the keeper by your Sanitary Committee in regard to this last.

An application was received from one lodging house for the registration of two additional bedrooms, giving accommodation for 6 additional lodgers, and this was granted by your Sanitary Committee.

The house, No. 56, West Orchard, was discontinued to be used as a Common Lodging House, so that there now remain only 3 Common Lodging Houses, giving accommodation for 150 lodgers.

There is a great need for more accommodation of this class in the City; and at the present time, as has before been reported, quite a number of houses are being conducted as Common Lodging Houses without being registered as such, and these do not come under the same inspection and regulations as the registered houses; no steps have been taken in regard to this matter, because the consideration of a scheme for the provision of a Municipal Common Lodging House is before a Sub-Committee of your Sanitary Committee; during the year a site has been offered to that Sub-committee (a site on which stands some houses that have been condemned); the question of this site has been referred to your City Engineer for a report as to its suitability and cost.

HOUSES LET IN LODGINGS.

At the beginning of the year there were 21 such houses on the Register ; 2 were added during the year, and 2 were discontinued, leaving the number still 21. To these have been paid 99 visits during the year, and 24 contraventions were found. These related, 7 to limewashing, 3 to foul and defective w.c.'s, 5 to dirty and defective floors, 4 to defective roofs, 1 to insufficient ventilation of bedroom, 3 to dirty condition of back yards, and 1 to registration.

In the last case the keeper of a house had refused to supply the particulars necessary for registration; for this offence he was summoned and fined 10/-, and costs 8/6.

The keeper of another house was summoned for contravening Section 77 of the Public Health Act, 1875, by using the house as a Common Lodging House; proceedings were called for in this case because of the excessively evil way in which the house was conducted; she was fined £2, and 8/6 costs.

Offensive Trades.

The business of hide and skin dealer, or fellmonger, being considered by your Sanitary Committee to come within the "offensive trade" sections of the Public Health Act, three companies carrying on this trade had their attention drawn to the fact that they had started the business without first obtaining the permission in writing of the Sanitary Authority; on applying for this permission it was granted in two cases for a period of one year, but refused in the third, the site and character of the premises being deemed unsuitable.

With the possible exception of the rag and bone business, I do not think that there are any other trades being carried on here which could be dealt with as "offensive" under the sections applying to these trades of the Public Health Act.

Complaints having been received concerning smells arising from a certain factory, I have visited this factory with Inspector Clarke on various occasions, and I have seen the steps that have been, and are being taken, to minimise the cause of complaint.

Smoke Abatement.

Inspector Clarke reports as follows :—

Number of occasions black smoke was found to be emitted from factory chimneys	...	75
Number of special observations	...	15
Number of chimneys found to be emitting black smoke in such quantities as to be a nuisance		31
Number of letters sent	...	16
Number of notices served	...	10
Number of cautions to stokers	...	21

In most instances it was found that the excessive smoke observed to be emitted was preventable.

Sale of Food and Drugs Acts, 1875 to 1907.

Mr. Clarke, the Inspector under these Acts, reports as follows :—

“ During the past year 236 samples of food and drugs were submitted to the Public Analyst, who certified 223 as genuine, and 13 as adulterated.

The samples were collected in the following manner :—

Formal samples, 145; preliminary samples, 91; and included, new milk 163, separated milk 4, condensed milk 1, cream 3, butter 41, lard 3, bread 1, flour 1, arrowroot 2, golden syrup 1, cocoa 1, pepper 1, whisky 2, cream of tartar 2, sweet spirit of nitre 2, olive oil 2, and 1 each of vinegar, chlorodyne, seidlitz powders, gentian root, compound liquorice powder, and glycerine.

Of the 163 samples of new milk 5 were deficient of fat to the extent of 24%, 10%, 7%, 6%, and 6% respectively, while 5 other samples were found to be adulterated with water by the addition of 19%, 16%, 9%, 8%, and 7% respectively. One sample contained 5% of water, and was also deficient of 25% of its normal fat.

One sample of separated milk was deficient of 12% of milk solids, and 2 samples slightly below the standard.

Magisterial proceedings were instituted in 5 instances, the total amount of fines and costs being £9 17s. 6d. One defendant made default of payment of £1 19s., and was sent to prison for one month.



Rear view of 3 houses closed by Magistrates' Order.

All the samples of butter were found to be genuine as regards their butter fat, but one informal sample contained 23% of water, that is, 7% in excess of the maximum amount allowed by the Regulations. However, this excess was not beyond the amount disclosed on the wrapper.

In compliance with the Margarine Act, 1887, and the Sale of Food and Drugs Act, 1899, two applications were received to register premises wherein the business of a wholesale dealer in Margarine was carried on. Certificates were issued in each case, and copies forwarded to the Board of Agriculture.

One informal sample of cream was found to contain boric acid and preservative in excess of the amount suggested as allowable by the Foods Preservative Committee; this excess was apparently due to unequal mixing of the preservative, inasmuch as a formal sample subsequently obtained was found to be within the limit.

As regards the Drugs, the samples of cream of tartar complied with the requirements of the Pharmacopœia, and the two samples of sweet spirit of nitre contained proper and sufficient quantities of the active ingredient Ethyl Nitrite; while the seidlitz powders were not only pure, but properly weighed out."

Factory and Workshop Act, 1901.

Section 132 of this Act is as follows :—" The Medical Officer of Health of every District Council shall, in his annual report to them, report specifically on the administration of the Act in workshops and work places, and he shall send a copy of his annual report, or so much of it as deals with the subject, to the Secretary of State."

Eight references were received from H.M. Inspector, and after being dealt with a report to this effect was forwarded to him. These references are set out below :—

February 25th—Workshop.

" No sanitary convenience provided, two young male persons employed."

Observations.

W.C. provided.

March 15th—Factory.

“ Dirty sanitary convenience.”

Observations.

W.C. cisterns repaired and walls limewashed.

March 15th—Factory.

“ Defective flush for water closets.”

Observations.

Water turned off at stop tap at time of Inspector's visit; this is now remedied.

March 31st—Factory.

“ Men's closet is without a screen and opens into a passage used by both sexes.”

Observations.

Corrugated iron screen, 8ft. high, fixed; provided with door and spring.

May 1st—Factory.

“ No separation to secure privacy at men's closet.”

Observations.

Trough divided into five compartments by wood partitions about 5ft. high.

August 3rd—Workshop.

“ Upholstering workroom not in clean condition.”

Observations.

Walls and ceiling limewashed.

November 13th—Workshop.

“ No screen for women's sanitary convenience.”

Observations.

Screen provided to females' w.c.

November 26th—Factory.

“ Defective sanitary convenience.”

Observations.

Walls limewashed.

Drain cleansed.

Light and ventilation provided.

Factories, Workshops, Laundries, Workplaces, and Homework.

1.—INSPECTION.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries.)	89	3	..
Workshops (Including Workshop Laundries.)	830	32	..
Workplaces (Other than outworkers premises included in Part 3 of this Report.)	..	..	..
TOTAL	919	35	..

2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecutions.	
	Found.	Remedied.	Referred to H.M. Inspector.		
<i>Nuisances under the Public Health Acts :—*</i>					
Want of cleanliness	21	12	..	..
Want of ventilation .. .. .	..	..	..	..
Overcrowding .. .. .	..	..	..	..
Want of drainage of floors .. .. .	..	..	..	..
Other nuisances	2	1	..	..
†Sanitary accommodation {	insufficient	1	1
	unsuitable or defective..	12	19
	not separate for sexes
<i>Offences under the Factory and Workshop Act :—</i>					
Illegal occupation of underground bake-house (S. 101) .. .. .	..	..	..	..
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	55	52	..	..
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report.)	..	..	..	..
Total	91	85	..	..

* Including those specified in Sections 2, 3, 7 and 8, of the Factory Act as remediable under the Public Health Acts.

† Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted by the Council; the standard of sufficiency of sanitary accommodation for persons employed in factories and workshops usually followed is that of one w.c. for each 22 persons

OUTWORKERS' LISTS, SECTION 107.

OUTWORKERS' LISTS, SECTION 107.																			Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Sections 109, 110.		
NATURE OF WORK.*	Lists received from Employers.							Addresses of Outworkers, §		Notices served on Occupiers as to keeping or sending lists, 10.	Prosecutions.		Inspections of Outworkers' premises, 13.	Instances, 14.	Notices served, 15.	Prosecutions, 16.	Instances, 17.	Orders made (S. 110), 18.	Prosecutions (Sections 109, 110), 19.					
	Sending twice in the year.			Sending once in the year.				Received from other Councils, 8.	For-warded to other Councils, 9.		Failing to keep or permit inspection of lists, 11.	Failing to send lists, 12.												
	Lists.†	Outworkers.†		Lists.	Outworkers.																			
		Con-tractors	Work-men.		Con-tractors	Work-men.																		
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.						
Wearing Apparel— (1) making, &c. (2) cleaning and washing Lace, lace curtains and nets Artificial Flowers .. Nets, other than wire nets Tents .. Sacks .. Furniture and Upholstery.. Fur pulling .. Feather Sorting .. Umbrellas, &c. Carding, &c., of Buttons, &c. Paper Bags and Boxes .. Basket Making .. Brush making .. Racquet and Tennis Balls.. Stuffed Toys .. File making .. Electro-Plate .. Cables and Chains .. Anchors and Grapnels .. Cart Gear .. Locks, Latches and Keys .. Pea Picking .. TOTAL ..	2 2 4	7 51 58	1 1 1 3	6 21 2 29	13 35 43 91 2 2 4 1							

* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list is included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers are assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote is added to show that this has been done.

† The figures in columns 2, 3 and 4 are the *total* number of the lists received from those employers who comply strictly with the statutory duty of sending *two* lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be *even* numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 are (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer, the same outworker's name will often be repeated.

August lists of the same employer, the same owner or other's name will often be repeated. In view of the wide discrepancies found to exist between the totals in the two columns when the returns are added together, it is desired that care may be taken to give exact returns to the Councils during the year covered by the report.

4.—REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year.	Number.
Bakers	97
Confectioners	2
Watch Makers	94
Dressmakers	130
Tailors	40
Boot Makers and Repairers	50
Milliners	35
Joiners and Carpenters	15
Cabinet Makers	7
Cycle Repair Shops	7
Ironmongers and Smiths	10
Plumbers and Painters	9
Gas Fitters and Bellhangers	3
Pattern Makers and Brassfounders	3
Motor Accessories	2
Saddlers	8
Tinworkers	5
Picture Framers	3
Laundries	9
Box and Bag Makers	1
Printers and Bookbinders	1
Card Stampers	2
Engravers, etc.	1
Marine Store Dealers	3
Coach Builders and Wheelwrights	7
Various	31
Total number of workshops on Register ..	575

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	0
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	8
Notified by H.M. Inspector	
Reports (of action taken) sent to H.M. Inspector ..	8
Other	0
Underground Bakehouses (S. 101) :—	
Certificates granted during the year	0
In use at the end of the year	0

BAKEHOUSES.

Number on Register, January, 1909	...	...	105
„ „ December, 1909	...	...	107
„ discontinued to be used during the year...			1
„ of new Bakehouses opened	...	...	3
„ of changes of occupancy	...	...	14
„ of visits	...	...	229
„ of contraventions observed	...	...	55
„ „ remedied	...	...	52

The Contraventions related to:—

Limewashing	...	...	22
Defective floors	...	...	9
Dirty approach to Bakehouse	...	...	1
Stable manure in close proximity to Bakehouse	...	...	6
Floors in dirty condition	...	...	16
W.C. in dirty and dilapidated state	...	...	1
			—
			55
			—

Plans have been examined for 3 new bakehouses; 3 have been erected and opened, and one is in course of erection; one other has been permanently closed.

HOMEWORK.

Seven lists of outworkers have been received from six firms; these employed 76 outworkers. All of these have been visited by the Health Visitor; in all, 82 visits have been paid to them, and the homes inspected. One worker was found to have a slight infectious illness, and work was left off for a time. In 4 instances some cleansing of walls and ceilings was needed, and this was subsequently done.

Shop Hours Acts.

Number of shops in which young persons were employed in 1908	...	...	...	125
Number of shops in which young persons were employed in 1909	...	...	...	113
Number of inspections	...	...	...	163

Number of Contraventions observed	...	...	10
„ „ Shops added to list during the year	...	...	22
„ „ Shopkeepers who ceased to employ young persons during the year	...	...	34
„ „ Complaints received as to young persons being employed beyond the time limit	...	...	0

(Contraventions relate to notices not affixed).

Seats for Shop Assistants Act.

Number of shops visited where females were employed	...	...	25
„ „ „ in which three or more females were employed	...	...	13
Number of contraventions observed	...	...	0

Sanitary Prosecutions.

The number of occasions on which prosecutions had to be instituted were slightly more numerous than usual. The particulars are set out on page 163; from these particulars it will be seen that the increase is mostly due to the number of applications that have been made for the closure of houses; there are 13 such applications, and all of them were granted. Five prosecutions were for selling adulterated milk. In one instance a previously made closing order was rescinded on the application of the owner, proper improvements having been effected, your Sanitary Committee not opposing the application. The character of the other cases is given in the table at the end.

Diseases of Animals Act and Orders of the Board of Agriculture.

The carrying out of these is in this City placed under the supervision of the Health Department; in most towns they are placed under the police; as the nature of this work is mainly of a "police" character, and as it has no direct connection with the health of the community there is much to be said in favour of this arrangement; during the year, with the consent of the Sanitary Committee and the kind co-operation of the Chief Constable, the Health Department has been relieved of the duty of giving out licences for the removal of swine at the weekly cattle sales; this

is now done by a member of the police force instead of an inspector.

Mr. Clarke, the Inspector under this Act, reports as follows :—

“ It is satisfactory to note that there has not been any serious outbreak of any of the scheduled diseases during the past year.

One outbreak of Swine Fever occurred and was verified by the Board of Agriculture. Unfortunately this disease was prevalent in the surrounding districts, and resulted in Coventry being included in an Area declared to be infected from August 5th to November 9th, during which time 579 movement licences and declarations were issued by this Department. During the time this order was in operation dealers and others connected with the breeding, feeding and marketing of swine experienced considerable difficulty in ascertaining what the restrictions applicable to a particular movement might be. Two contraventions of the Order were reported and the offenders cautioned by the Committee.

Two suspected cases of Anthrax were investigated by the Veterinary Inspector, but not verified. The carcase of a fat cow slaughtered when affected with Anthrax was brought into a slaughterhouse in the City. This was seized and destroyed and proceedings instituted. A slaughterman who assisted in dressing the carcase contracted the disease, and fortunately recovered after a malignant anthrax pustule had been removed.”

Canal Boats.

Inspector Clarke, the Inspector under the Canal Boats' Act, furnishes the following information, which shews the steps taken by the Sanitary Authority to give effect to the Acts and Regulations affecting Canal Boats :—

Total number of boats on the Register ...	...	198
„ „ „ „ registered during year ...	...	7
„ „ „ visits to canal ...	...	42
„ „ „ boats inspected ...	...	108
„ „ „ persons for which the cabins were registered ...	...	334
„ „ „ persons occupying the cabins ...	...	302
„ „ „ boats contravening the regula- tions ...	...	11
„ „ „ complaint notes issued ...	...	6
„ „ „ legal proceedings instituted ...	...	0

Nature of Infringements :—

Absence of certificate ...	...	...	...	3
Painting ...	...	...	...	7
Dilapidations ...	...	...	...	4
No proper water vessel ...	...	...	...	1

The cabins of the boats plying in this district were on the whole found to be kept in a satisfactory condition.

Water Supply.

Your Waterworks Engineer kindly informs me that during the twelve months 716,358,472 gallons of water have been supplied from the public sources to our City; of this, 376,060,616 gallons were supplied from Spon End, 36,287,856 gallons from Whitley, and 304,010,000 gallons from Shustoke. He also informs me that 224 new services have been laid on to build and supply 1,284 houses and 28 other buildings; guarantees have been received for 938 *completed* houses and 58 various buildings, in which are included 1,103 water closets, and 257 new baths.

The amount supplied gives an average consumption of 21 gallons per head per day. The comparison of this figure with that of previous years is given below :—

	Amount supplied per day.	Estimated popu- lation served.	Amount per head per day.
1897 ...	1,420,000 gals.	... 61,234	... 23 gals.
1898 ...	1,577,207 „	... 61,555	... 25 „
1899 ...	1,723,926 „	... 61,796	... 27 „
1900 ...	1,896,106 „	... 62,037	... 30 „
1901 ...	1,649,292 „	... 62,200	... 25 „
1902 ...	1,670,749 „	... 67,330	... 25 „
1903 ...	1,678,461 „	... 72,550	... 23 „
1904 ...	1,633,098 „	... 75,250	... 21 „
1905 ...	1,775,229 „	... 78,917	... 22 „
1906 ...	1,913,430 „	... 82,600	... 23 „
1907 ...	1,873,153 „	... 85,800	... 21 „
1908 ...	1,896,191 „	... 90,000	... 21 „
1909 ...	1,962,625 „	... 93,500	... 21 „

The results of the periodical chemical analyses that have been made of the various waters are shown in the accompanying

table. Regular bacteriological examinations have also been made concerning the Whitley and Shustoke waters.

A sample of the Whitley water taken in April was found to have features which were unusual with that water, and undesirable in a public water supply; this was found to owe its origin to a subsidence that had occurred; from that time the use of this water has been discontinued.

I am given to understand that the question of covering in the tank at Spon End is still under consideration.

Results of Analysis expressed in parts per 100,000.

WHITLEY WATERWORKS.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1909.										
Jan. 13	0·0015	0·004	3·7	0·66	0·008	62	3·42	26·20	29·62	Slightly opalescent. Very slightly turbid. Clear and improved in appearance compared with last sample.
Feb. 25	0	0·008	3·9	0·6	0·018	67	1·60	29·04	30·64	
Mar. 23	·000	0·002	3·9	0·66	0·026	60	3·92	24·82	28·74	
April 30	0·001	0·004	3·8	0·85	0·016	64	1·92	29·04	30·96	

DOEBANK WELL, SPON END.

1909.										
Jan. 13	0·001	0·004	2·5	0·44	0·010	53	3·60	17·80	21·40	Clear. Bright and clear. ,, ,,
April 30	0·001	0·004	2·4	0·44	0·007	53	5·70	19·72	25·42	
July 21	0·001	0·002	2·2	0·44	0·002	50	8·46	13·14	23·60	
Oct. 12	0·001	0·004	2·3	0·45	0·012	50	6·12	16·28	22·40	

TANK, SPON END.

1909.										
Jan. 13	0	0·004	2·1	0·33	0·010	46	8·62	14·60	23·22	Clear. Bright and clear. ,, ,,
April 30	0	0·005	1·8	0·35	0·016	44	5·02	18·28	23·30	
July 21	trace	0·002	1·8	trace	0·010	40	10·34	14·86	25·20	
Oct. 12	trace	0·005	2·0	0·44	0·010	46	6·68	15·72	22·40	

Results of Analysis &c.—continued.

SHUSTOKE.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Temporary.	Permanent.	Total.	
1909.										
Jan. 13	trace	0.016	2.1	trace	0.057	27	5.52	9.68	15.20	No. 1 Filter.
do.	0.001	0.020	2.1	trace	0.070	25	5.28	9.60	14.88	No. 5 „
Feb. 15	trace	0.018	2.0	trace	0.085	26	5.07	6.43	11.50	No. 1 „
do.	trace	0.016	2.0	trace	0.083	28	5.08	6.57	11.65	No. 5 „
Mar. 22	0.001	0.010	2.2	trace	0.100	30	5.08	6.57	11.65	No. 1 „
do.	0.001	0.008	2.1	trace	0.08	32	4.05	9.71	13.76	No. 3 „
do.	0.001	0.012	2.0	trace	0.075	34	4.01	9.60	13.61	No. 5 „
April 26	0.002	0.012	2.1	trace	0.060	32	8.58	8.36	16.86	No. 1 „
do.	0.001	0.008	2.1	trace	0.058	32	8.18	8.40	16.58	No. 3 „
do.	0.001	0.009	2.1	trace	0.063	32	8.18	8.40	16.58	No. 5 „
May 26	0	0.006	2.1	trace	0.065	24	2.86	11.35	14.21	No. 1 „
do.	0	0.007	2.1	trace	0.060	24	2.86	11.35	14.21	No. 2 „
do.	0	0.006	2.1	trace	0.065	24	2.86	11.35	14.21	No. 3 „
June 21	0.003	0.006	2.0	trace	0.038	28	6.00	9.42	15.42	No. 1 „
do.	0.002	0.012	2.1	trace	0.055	26	5.72	9.42	15.14	Pump Barrel, a mixture of Nos. 2, 3, 4, 5, & 7 Filters, Bright, few small particles.
July 19	0.024	0.020	2.0	0	0.069	22	4.58	10.00	14.58	No. 1 Filter
do.	0.040	0.022	2.1	trace	0.075	27	4.45	10.21	14.66	No. 2 „
do.	0.020	0.009	2.0	trace	0.069	26	4.45	10.21	14.66	No. 4 „
do.	0.022	0.012	2.0	trace	0.075	27	4.45	10.21	14.66	No. 5 „
July 23	0.004	0.016	2.0	trace	0.058	24	4.00	9.42	13.42	No. 1 „
do.	0.014	0.020	2.1	trace	0.057	28	4.38	9.62	14.00	No. 2 „
do.	0.010	0.020	2.0	trace	0.065	26	4.38	9.62	14.00	No. 4 „
do.	0.011	0.010	2.0	trace	0.065	26	4.38	9.62	14.00	No. 5 „
Aug. 4	trace	0.008	2.0	trace	0.036	28	4.0	9.42	13.42	No. 2 „
do.	trace	0.009	2.1	trace	0.036	28	4.0	9.42	13.42	No. 3 „
Sep. 1	0.001	0.004	2.1	trace	0.045	26	3.29	9.42	12.71	No. 2 „
do.	0.001	0.004	2.1	trace	0.043	26	2.09	9.71	11.80	No. 3 „
Oct. 4	trace	0.006	2.3	trace	0.027	22	2.7	8.5	11.2	No. 2 „
do.	trace	0.005	2.2	trace	0.027	20	2.5	8.5	10.8	No. 3 „
Nov. 3	trace	0.008	2.2	trace	0.040	23	1.14	10.86	12.00	No. 2 „
do.	0	0.008	2.1	trace	0.050	25	1.14	10.86	12.00	No. 5 „
Dec. 1	0.001	0.008	2.1	trace	0.060	22	2.86	9.14	12.00	No. 1 „
do.	0.001	0.010	2.2	trace	0.067	22	2.86	9.14	12.00	No. 4 „

Private Water Supplies.

The number of houses which continue to derive their water entirely from private wells is gradually diminishing. During the year samples were taken from seven private wells and analysed; this showed that in all the cases the water was polluted and unfit for use for drinking purposes; notices to this effect were sent to the owners. With the exception of one of these, tap water has now been laid on at these houses.

Insufficient Water Supply in Courts.

Early in the year your Council determined that where more than four houses had only one tap in common, this Authority would not regard this as a "proper water supply" under section 62 of the Public Health Act, 1875; under the section this is a matter which has to be reported on by your Surveyor; during the year I have referred 39 groups of houses, where this minimum was not reached, to your City Engineer, and these have been reported on by him to your Sanitary Committee, and the necessary notices ordered to be served. The groups referred varied from having one tap to six houses, to those where only one tap served thirteen houses.

Refuse Removal.

Your City Engineer has kindly informed me that the following amount of house refuse has been removed during the year:—

	Cubic yards.		Cart loads.
Ashpit refuse removed	4,527	=	2,263
Ashbin „ „	46,794	=	23,397

In 1908 the amount was as follows:—

Ashpit refuse removed	5,964	=	2,982
Ashbin „ „	43,863	=	21,932
	<hr/> 49,827	=	<hr/> 24,914

It will be seen that the amount of the ashpit refuse continues to diminish, corresponding to the gradual abolition of the old-fashioned deep ashpit.

In my last annual report I reported that a scheme for the erection of a refuse destructor had been approved by your Council, and that the sanction of the Local Government Board had been obtained. I am now able to report that the erection is almost completed, and I am informed that it will shortly be in use.

Sewage Disposal.

The sewage of the City is dealt with by broad irrigation on a sewage farm at Baginton, some two miles outside the City. To reach the farm it has to be pumped at the pumping station at Whitley. I understand that in the main that farm has dealt with the sewage in a satisfactory way, but owing to the rapid growth in the population it has been found necessary to make further provision; an experimental bacterial filter bed has been laid down to deal with a limited quantity of the sewage, the effluent from which will go directly into the river Avon; your Council has also approved of a scheme for the enlargement of the present farm. It may be reasonably anticipated that the steps that are being taken will prove adequate to deal with the increased amount of the sewage.

Manure Pits.

This is a matter of importance, from a health point of view, in every town, and I therefore am here reproducing reports on the question that I have made during the year.

COPY OF REPORT SUBMITTED TO THE SANITARY COMMITTEE, SEPTEMBER 21ST, 1909.

Manure Pits are a continual source of complaint, especially in hot weather.

Probably in all towns the difficulty is one that is met with.

Experiments recently carried out in Liverpool have shown that there is no more prolific breeding ground for flies than deposits of manure.

The local bye-law regulating the construction of manure pits is as follows :—

“All occupiers of yards, places, or premises, where horses, cattle, pigs, or other animals are kept, shall provide upon such premises, to the satisfaction of the Local Board, or their authorised officer, a covered receptacle for dung, manure, and all other solid refuse arising on the premises, and a trapped drain for carrying off all urine and other liquid drainage from such premises, or into such receptacle; and if no means for the removal of such dung, manure, and other solid refuse be provided by the Local Board, every such occupier shall remove all such dung, manure, and other refuse, at such interval of time, with such precautions, and within such hours as may from time to time be fixed by the Local Board.”

In regard to the frequency of the removal of manure, this is a matter which I brought before your Committee some years ago, and your Committee then resolved that, at any rate so far as manure pits near dwelling-houses were concerned, the occupiers should be called on to remove it once in every 24 hours. Attempts have been made, with more or less success, to carry out this regulation.

Complaints, however, are still received from time to time; recently complaints have been received through the Secretary of the Education Committee concerning smells met with at the Technical Institute, owing their origin to manure pits situated in the adjoining Palace Yard.

This yard contains no less than 5 manure pits, and in addition, I am informed, that manure from stables in an adjoining yard is sometimes brought into this yard.

I think that there is no doubt that such collections of manure pits must frequently be the cause of annoyance, and possibly of ill-health to people living near.

To remedy these conditions, however, is not very easy. It may be noted that the bye-law already quoted is now 50 years old, and may therefore be considered to be somewhat antiquated so far as modern sanitary requirements are concerned. But although this is the case, the manure pits that are constructed in this City frequently fail to comply with the regulation; the bye-law asks for a covered receptacle; and I think there is no doubt that if this were insisted on it would be an improvement.

If the bye-law were to be reconsidered, I would suggest that where such a receptacle is built of brick (1) it should have a floor which is not below the adjoining ground; (2) it should be lined with concrete or other impervious material; and (3) that when built up to an adjoining building, the existing wall of that building should not be used as a containing wall of the manure receptacle.

I think, however, that the time has arrived when it must be admitted that for use in towns brick manure receptacles are out of date; and that removable galvanised iron receptacles would be very much better. I understand that in London a galvanised iron wire guard (of a shape similar to a high fire guard used sometimes in nurseries, but somewhat larger), complies with the bye-laws of the London County Council. Such an arrangement would

certainly lend itself to more thorough manure removal and cleansing than could a brick receptacle; its first cost would certainly be very much less.

As the matter may be regarded as of some importance, I am bringing it before the notice of your Committee.

In the meantime the 5 manure pits in the Palace Yard are to-day entered on the Inspector's Record Book as nuisances, and will be dealt with as such unless your Committee otherwise order.

COPY OF REPORT SUBMITTED TO THE SANITARY COMMITTEE, OCTOBER 19TH, 1909.

At a recent meeting of your Committee I reported to your Committee concerning the question of Manure Pits, and suggested that when an opportunity arose we should amend our very old bye-law regarding their construction.

I now find that the question of the revision of the Building Bye-laws is at present referred to the Town Clerk and the City Engineer for report by the General Works Committee. I would suggest, therefore, that the time is opportune for the attention of the General Works Committee to be drawn to your Committee's views on the matter.

For reference I am herewith appending a copy of the London County Council's Bye-law in regard to manure receptacles:—

“Every owner of any existing receptacle for dung shall, before the expiration of six months from the date of the confirmation of these bye-laws, and every person who shall construct a receptacle for dung, shall cause such receptacle to be so constructed that its capacity shall not be greater than two cubic yards, and so that the bottom or floor thereof shall not, in any case, be lower than the surface of the ground adjoining such receptacle.

He shall so construct such receptacle that a sufficient part of one of its sides shall be readily movable for the purpose of facilitating cleansing.

He shall also cause such receptacle to be constructed in such a manner and of such materials, and to be maintained at all times in such a condition as to prevent any escape of the contents thereof, or any soakage therefrom into the ground or into the wall of any building.

He shall cause such receptacle to be so constructed that no rain or water shall enter therein, and so that it shall be freely ventilated into the external air.

Provided that a person who shall construct a receptacle for dung, the whole of the contents of which are removed not less frequently than every forty-eight hours, shall not be required to construct such receptacle so that its capacity shall not be greater than two cubic yards.

And provided that a person who shall construct a receptacle for dung, which shall contain only dung of horses, asses or mules with stable litter, and the whole of the contents of which are removed not less frequently than every forty-eight hours, may, instead of all other requirements of this Bye-law, construct a metal cage, and shall beneath such metal cage adequately pave the ground at a level not lower than the surrounding ground, and in such a manner and to such an extent as will prevent any soakage into the ground; and if such cage be placed near to or against any building he shall adequately cement the wall of such building in such a manner and to such an extent as will prevent any soakage from the dung within or upon such receptacle into the wall of such building."

Your Sanitary Committee suggested that this matter should receive consideration at the time when the Building Bye-laws were re-considered.

Health Visitor.

A Lady Health Visitor (Miss Strover) was appointed by your Council, and commenced her duties on February 21st, 1906.

The duties attached to this office are set out below:—

Duties of Health Visitor.

1. Visits to poorer houses where births have occurred, to instruct mothers in regard to the feeding and care of infants.
2. Inspection of Workshops employing female labour.
3. Visits in connection with infectious or other diseases.
4. Visits to houses in regard to cleanliness, etc.
5. Visits under the Midwives Act.
6. Visits under the Shop Hours' Acts, and Seats for Shop Assistants' Act.
7. To act under the direction of the Medical Officer of Health, and perform any other duties he may require.

The only reason for referring specially to the work of the Health Visitor, apart from the other work of the Health Department, is that this officer is a comparatively new addition to the staff of Health Departments; it is, however, an addition which has come to stop; their work, wherever Health Visitors have been employed, has been so much appreciated that there are now few large towns without them. In London their appointment is now officially recognised by the Local Government Board; during the year that Board issued a Memorandum concerning their duties, and the qualifications which would be expected of them before their appointment in London would be sanctioned by the Board.



Part of a group of 5 houses closed by Magistrates' Order. The Photograph shows how the floors of the living rooms are below the level of the outside ground.

For some time past it has been recognised here that the work attempted by the one Health Visitor was more than could reasonably be expected to be done by one person, and a considerable amount of work that might have been done has had to be left undone; particularly has this been the case in connection with visits concerning the minor infectious ailments among school children; endeavouring to prevent the spread of these ailments is distinctly a duty attaching to your Sanitary Committee rather than to your Education Committee. The appointment of a second Health Visitor was, however, delayed on account of the imperative necessity of providing more office accommodation; this was provided by the removal of the Central Rates Department from 10a, Hay Lane, to other premises in Priory Row; and early in the current year your Council appointed another Health Visitor (Miss Reid), who commenced her duties on January 31st of this year. Unfortunately, at the same time, the resignation of Miss Strover had been received, and her vacancy was filled by the appointment of Miss Barratt, who commenced her duties on February 21st of the current year. It is impossible for me to allow this incident to pass without saying that during the four years that Miss Strover has been working here, she has so tactfully and usefully employed her time that she has demonstrated the immense utility of Health Visitors to a community in a way infinitely more convincing than any arguments on the matter. Miss Strover has left with the regrets and good wishes of all who have been brought into association with her.

Having set out above the stipulated duties, I am here appending references to the work done in connection with them:—

1. Visits in regard to births; these have been spoken of under the heading of Infantile Mortality on page 35.

2. Inspection of workshops where females are employed; visits were paid to 189 of these; a few were found to require cleansing and were later attended to in this respect. These visits are included in the work dealt with under the Factory and Workshop Act, on page 141.

Visits to outworkers are dealt with under the head of Homework, on page 144.

3. Visits in connection with infectious disease have related to visits in connection with phthisis cases, which are mentioned on page 54, and 17 other visits were paid, four of these were

Puerperal Fever cases, five alleged cases of Scarlet Fever, five Measles, and one Ringworm. The number of the "minor" infectious illnesses among school children was so large that it was quite impossible to attempt to deal with them by visitation.

4. Miss Strover reports that she has paid 239 miscellaneous visits in respect of neglected homes, overcrowding, births heard of before registration, suspected cases of infectious illness, information for the Medical Officer of Health, &c.

In consequence of her visits she has made out references to the Inspectors concerning 87 nuisances and 107 dirty houses.

5. Work in connection with the Midwives' Act is referred to on page 48.

6. Visits under the Shop Hours Acts and Seats for Shop Assistants' Act, are given on page 144.

7. In previous years Miss Strover has paid numerous visits in connection with following up unattended-to defects of school children; the appointment of a Health Visitor and School Nurse by your Education Committee has rendered this unnecessary.

References to other Departments.

These included 194 references to the City Engineer, 107 to the Waterworks Engineer, and 981 to the Head Teachers of Schools.

The character of the references to the City Engineer is set out in the following table:—

Unauthorised erections	...	...	...	18
Dangerous buildings and chimneys	...	...	...	19
Dangerous condition of roads and pavements	...	...	...	2
Foul gullies in courts	...	...	...	30
Foul and defective street gullies	...	...	...	62
Complaints of stench from open manhole covers to sewers	...	...	...	7
Foul and obstructed sewers	...	...	...	22
Ashpits and ashbins which required emptying	...	...	...	23
Privies and cesspools which required emptying	...	...	...	4
Foul public urinals	...	...	...	4
Wanton destruction of dustbins...	...	...	...	2
Dangerous condition of bank of Springfield Brook...	...	...	...	1

The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns.

References to the Head Teachers of Schools related to children who have suffered from infectious disease, or who lived in houses where infectious disease was present.

Public Health Acts (Amendment) Act, 1907.

On February 10th, your Sanitary Committee considered those clauses of the above Act having reference to its functions, and decided to recommend your Council to seek to adopt certain of the clauses; other parts of the Act were considered by other Committees, and your Council asked for the sanction of the Local Government Board to the adoption of certain clauses. This sanction has not yet been received.

Fertilizers and Feeding Stuffs Act, 1906.

Inspector Clarke is the Inspector under this Act; he informs me that four samples were taken and were found to be satisfactory.

The Inspection of the District and the Sanitary Staff.

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follows:—

DRAINAGE AND PAVEMENT.

Drains opened and cleansed from obstruction	...	336
Drains provided with efficient traps	... ..	286
New drains, inspection and intercepting chambers		
provided ... ..	...	149
Drains relaid	... ..	186
Sink drains disconnected from sewer	... ..	24
Drains tested	... ..	436
Soil pipes and ventilating shafts provided or		
improved	... ..	40
Courts and back yards paved and repaired	...	121

DWELLINGS.

Floors of dwellings relaid or repaired	..	161
Dilapidated walls and ceilings repaired	...	227
Damp walls—damp courses inserted	... ..	18
Roofs repaired and made weatherproof	...	73

Dangerous stairs repaired	...	...	...	36
Additional windows provided and others made to open	...	...	...	41
Defective spouts repaired	...	...	...	103
Pantry ventilation improved	...	...	...	35
New sinks provided	...	...	...	24
New waste pipes provided and others repaired	...	...	...	38
Foul cellars cleansed and defects in drains remedied	...	...	...	11
Houses limewashed and cleansed	...	...	...	361
Houses limewashed after infectious disease	...	...	...	282
Cases of overcrowding dealt with	...	...	...	35

WATER CLOSETS AND URINALS.

Additional water closets provided	...	...	...	74
Water closets reconstructed	...	...	...	77
Water closets repaired and limewashed	...	...	...	387
Water closets provided with new basins and traps	...	...	...	160
Defective joints in flush pipes repaired	...	...	...	35
Foul w.c. basins and traps cleansed	...	...	...	343
Defective w.c. cisterns repaired	...	...	...	191
New flushing cisterns provided	...	...	...	98
Urinals cleansed and reconstructed	...	...	...	17
Urinals abolished	...	...	...	5

PRIVIES, ASHPITS, AND DUSTBINS.

Offensive privies and pail closets converted into w.c.'s	...	...	...	...	37
Offensive privies and pail closets abolished	...	...	...	...	30
New w.c.'s erected in place of above	...	...	...	...	30
Offensive ashpits abolished	...	...	...	...	39
Sanitary dustbins provided in place of above	...	...	...	...	173
Other houses provided with sanitary dustbins	...	...	...	...	388

VARIOUS.

Smoke nuisances dealt with	...	...	...	...	50
Nuisances from animals kept, abated	...	...	...	...	76
Offensive accumulations removed	...	...	...	...	104
Courts and back yards cleansed by tenants	...	...	...	...	104
Gipsy tents and vans removed	...	...	...	...	36
Water supply—additional taps provided	...	...	...	...	61
Miscellaneous	...	...	...	...	324

Total 5,862

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table:—

Number of visits to premises	...	...	20,223
Number of notices issued	...	...	2,040
Number of letters issued	...	...	1,958
Number of summonses issued for non compliance			
with notice to abate nuisance	...	...	6
Number of nuisances remaining unabated		...	15
Number of registered premises under supervision			
(not including workshops)	...	...	410
Number of visits paid to registered premises		...	3,095

More progress than usual has been made in the matter of the systematic inspection of houses; in all, 408 houses have been inspected systematically; this includes a thorough examination both internally and externally of the houses inspected; the houses inspected have been situated in Harnall, Cheylesmore, Hearsall and All Saints' Wards.

For some years I have had in mind the extreme desirability of instituting a register of all houses in the city recording their sanitary state, which should be brought up to date periodically; the only hindrance to carrying this into effect has been the absence of the available staff. It may be noted here that during the passage of the Housing and Town Planning Act through Parliament, an effort was made in both Houses to introduce an amendment which would have rendered the keeping of such a register, together with its periodical revision, compulsory; although strongly supported, the amendment was not carried.

In November last I employed the Assistant Inspectors in obtaining a record of the number of empty houses; the results of that census are given elsewhere.

Owing to the increased work entailed by the Scarlet Fever outbreak, both the disinfecting and ambulance work, especially in connection with the Exhall Hospital, has been heavier than usual, and the one official detailed for this work has, on ninety working days, had to be supplemented by the services of an assistant inspector.

Some tabulated comparisons of the work of the Department with that of previous years is given in the accompanying tables.

Summary of Inspectors' Work.

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	Total for 10 years.
No. of drains opened and cleansed from obstruction ...	157	169	124	208	208	278	299	266	711	336	2,756
drains provided with efficient traps ...	246	374	350	247	371	373	306	244	376	286	3,173
new drains provided to premises ...	33	15	307	360	194	398	370	410	532	771	3,390
sink drains disconnected from the sewer ...	42	37	18	11	13	16	10	5	11	24	187
new sinks provided and others repaired ...	56	48	42	21	62	69	31	14	82	62	487
floors and walls of houses repaired ...	295	298	228	320	308	193	270	239	647	442	3,240
roofs of houses repaired and made weatherproof...	104	67	130	130	163	86	118	85	183	73	1,139
defective spouts repaired ...	63	65	133	138	147	123	131	79	185	103	1,167
houses limewashed and cleansed ...	721	301	271	317	325	345	509	329	500	361	3,979
houses cleansed after infectious disease ...	174	623	228	222	125	152	118	143	149	282	2,216
offensive privies or pail closets converted into water closets ...	42	8	62	122	211	223	183	43	69	37	1,000
offensive privies and pail closets abolished ...	81	62						119	44	30	336
new water closets erected in place of above ...								109	56	30	195
additional new water closets provided ...	61	54	177	188	108	76	68	44	46	74	896
water closets provided with new cisterns...	91	31	63	91	46	40	29	54	177	98	720
" " " new basins and traps ...	105	85	138	166	115	150	128	114	277	272	1,550
foul water closet drains cleansed ...	302	254	395	321	293	433	519	263	257	343	3,380
defective W.C. cisterns, etc., repaired ...	369	159	389	216	184	195	167	141	292	191	2,303
offensive ashpits abolished... ..	274	236	171	188	210	159	106	106	74	39	1,563
sanitary dustbins provided in place of the above	723	539	327	448	405	330	208	292	106	173	3,551
" " " to other premises ...	423	408	490	176	152	123	180	388	619	388	3,347
urinals cleansed, repaired and reconstructed ...	19	25	30	24	27	34	25	29	70	22	305
courts and backyards paved and repaired ...	48	68	101	182	176	183	145	85	178	121	1,287
nuisances from animals kept, abated ...	16	45	78	92	99	113	115	59	68	76	761
accumulations of manure, etc., removed ...	39	43	29	44	64	63	116	126	141	104	769
smoke nuisances dealt with ...	25	20	23	22	39	26	42	96	46	50	389
cases of overcrowding dealt with ...	15	11	6	31	23	23	44	18	50	35	256
vent and soil pipes removed or replaced, and miscellaneous sanitary improvements effected	93	613	309	170	1406	1528	1,839	1,269	2,073	1,039	10,339
	4,617	4,658	4,619	4,455	5,474	5,732	6,076	5,169	8,019	5,862	54,681

Summary of other Miscellaneous Work

FOR THE PAST TEN YEARS.

	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909
No. of visits and re-visits to premises	23,275	19 244	18,039	17,244	15,491	17,729	21,856	20,527	23,982	20,223
„ notices issued for abatement of nuisances	2,957	2,966	2,023	2,285	1,566	1,354	1,367	1,651	2,180	2,040
„ letters „	392	402	462	467	327	1,118	1,279	1,831	1,643	1,958
„ summonses issued for non-compliance with notices served to abate nuisances	12	5	4	0	4	5	0	1	8	6
„ nuisances remaining unabated after expiration of notice	9	6	32	36	25	29	23	12		15
„ registered premises under supervision	377	388*	278	296	319	333	329	333	377	410
„ visits paid to registered premises	1,863	1 310	1,334	1,516	2,216	2,305	2,311	2,546	3,211	3,095
„ references to City Engineer	910	782	699	648	532	397	233	335	219	233
„ references to Water Engineer	236	178	227	138	103	165	119	143	110	107
„ references to Education Department					365	365	532	399	313	981
„ drains tested	32	65	113	414	438	432	524	396	807	436

* After this date the bakehouses are not included, being classed as workshops.

Early in the year Assistant Inspector Blake was appointed to a better position at Bath; he terminated his duties here on April 13th, and his successor, Mr. Barnish, commenced work on June 7th. Apart from the loss of the services of an Assistant Inspector for over seven weeks, the continual losses of those assistants who are considered eligible for better posts, after familiarising themselves with the work and the district here, forms a weakness in the present arrangements to which I have previously drawn attention.

The fact that I have been able to complete this report earlier than I have found possible in any previous year, has been due to a considerable amount of assiduity on the part of the clerical staff. That any efficiency which the Department may have, owes much to your Chief Inspector, does not need stating.

I am appending to this Report a list of the magisterial proceedings which have been necessary during the year, an extended schedule of the ages at, and causes of, death, a return of the samples taken under the Food and Drugs Acts, a special report made to your Sanitary Committee on "The Utility of Hospital Accommodation for Diphtheria," and a report of the delegates to the Leeds Health Congress, which was a joint Congress of the Royal Sanitary Institute and the Royal Institute of Public Health.

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

E. H. SNELL,

Medical Officer of Health.

Public Health Department,
Coventry.

March 15th, 1910.

MAGISTERIAL PROCEEDINGS, 1909.

No. of Cases.	Complaint.					Results.	Total Costs.		
							£	s.	d.
1	Selling adulterated Milk	...	...			Fined £1 and costs and Analyst's fee	1	19	0
2	"	"	"	...	...	"	1	19	0
3	"	"	"	...	...	Dismissed on payment of costs and Analyst's fee	15	6	
4	"	"	"	...	..	Fined 10/- and costs and Analyst's fee	1	9	0
5	"	"	"	...	...	Dismissed on payment of costs and Analyst's fee	15	6	
6	"	"	"	...	...	Fined £2 and costs and Analyst's fee	2	18	6
7	Failing to register as Milk seller	...				Fined 10/- and costs	18	6	
8	Not having name and address on milk vehicle	...	...	...	..	Ordered to pay costs	8	6	
9	Non-compliance with notice to abate overcrowding	...	...	..		Order made to abate nuisance within seven days			
10	Removing infected person in a public vehicle	...	...	...	...	Ordered to pay costs	1	10	0
11	Throwing fish offal on streets	...	..			Fined 2/6 and costs	11	0	
12	Non-compliance with notice to abate nuisance: absence of light and external ventilation to pantry	...				Ordered to pay costs	3	0	
13	"	"	"	"	"	"	3	0	
14	Non-compliance with notice to abate nuisance: defective yard pavement...					"	3	0	
15	"	"	"	"	"	"	3	0	
16	Ditto: defective drain	...	...	...	...	"	3	0	
17	House unfit for habitation	...	...			Closing order made and 10/- costs; also £1 compensation to tenant	1	10	0
18	"	"	"	...	...	"	1	10	0
19	"	"	"	...	..	"	1	10	0
20	"	"	"	...	...	"	1	10	0
21	"	"	"	...	...	"	1	10	0
22	"	"	"	...	...	"	1	10	0
23	"	"	"	...	...	Closing order made with costs	8	0	
24	"	"	"	...	...	Closing order made with costs, and 10/- compensation to tenant	18	0	
25	"	"	"	...	...	"	18	0	
26	"	"	"	...	...	Closing order made with costs	5	0	
27	"	"	"	...	...	"	5	0	
28	"	"	"	...	...	"	5	0	
29	"	"	"	...	...	"	5	0	
30	Application for rescission of closing order: house unfit for habitation...					Closing order rescinded			
31	Contravention of Public Health Act, 1875, with regard to Common Lodging Houses	...	...	...		Fined £2 and costs	2	8	6
32	Non-compliance with notice to supply particulars concerning house let in lodgings	...	...	...	...	Fined 10/- and costs	18	6	
33	Exposing diseased meat for sale	...				Fined £10 and costs	11	17	6

EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1909.

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
1	Small-pox—														
	(a) Vaccinated .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Unvaccinated .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) No Statement .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Measles	15	47	5	..	..	..	..	..	..	..	..	..	..	67
3	Scarlet Fever	1	13	9	..	1	..	..	..	..	..	..	..	..	24
4	Typhus Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Epidemic Influenza .. ..	..	..	1	..	1	..	..	1	..	..	1	5	..	9
6	Whooping Cough	12	15	2	..	..	..	..	..	..	..	..	..	..	29
7	Diphtheria	1	6	3	..	..	..	..	..	..	..	..	1	..	11
8	Enteric Fever .. ..	..	..	..	1	..	..	1	1	..	1	..	..	..	4
9	Asiatic Cholera .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Diarrhœa, Dysentery	6	1	..	1	..	..	..	..	..	..	1	..	..	9
11	Epidemic Enteritis	4	5	..	..	..	..	..	..	..	..	..	..	..	9
12	<i>Other Allied Diseases</i> .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12a	Chicken Pox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12b	Continued Fever .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
13	Hydrophobia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Glanders .. ..	..	..	..	..	..	..	..	..	1	..	1	..	..	2
15	Tetanus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Anthrax .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
17	Cowpox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Syphilis	4	2	..	..	..	..	..	..	..	..	..	..	..	6
19	Gonorrhœa .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20	Phagedæna .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Erysipelas .. ..	..	..	..	..	..	..	1	2	..	..	..	..	..	3
22	Puerperal Fever .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
23	Pyæmia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24	Infective Endocarditis .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
25	<i>Other Allied Diseases</i>	1	1	1	..	..	..	..	..	..	1	..	1	..	5
25a	Cerebro Spinal Meningitis .. ..	..	1	1	..	..	..	..	..	..	..	..	..	..	2
26	Malarial Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
27	Rheumatic Fever .. ..	..	1	..	1	..	..	..	..	2	..	..	..	..	4
28	Rheumatism of Heart .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
29	Tuberculosis of Brain	5	5	7	1	..	..	..	..	..	1	..	..	..	19
30	Tuberculosis of Larynx .. ..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
31	Phthisis .. ..	..	2	2	2	7	13	24	18	19	8	2	..	..	97
32	Abdominal Tuberculosis	2	1	..	..	1	1	..	2	..	..	..	..	..	7
33	General Tuberculosis	1	..	1	..	2	..	1	2	..	..	..	..	..	7
34	Other forms Tuberculosis .. ..	..	..	..	..	..	1	..	1	..	..	..	..	..	2
35	<i>Other Infective Diseases</i> .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
36	Thrush .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37	Actinomycosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
38	Hydatid Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
39	Scurvy .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40	<i>Other Diseases due to Altered Food</i> .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS	52	100	33	6	12	16	29	28	23	11	5	7	..	322

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
41	Acute Alcoholism .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
42	Chronic Alcoholism .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
43	<i>Chronic Industrial Poisonings</i> ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
44		..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>Other Chronic Poisonings</i>.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	
45	Osteo-arthritis .. ..	..	..	..	..	..	..	..	..	1	..	3	..	..	4
46	Gout .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
47	Cancer .. ..	..	..	..	..	..	1	4	6	19	21	10	4	..	65
48	Diabetes Mellitus .. ..	..	..	..	..	..	..	..	..	2	1	..	..	..	3
49	Purpura Hæmorrhagica .. ..	..	..	1	1	..	..	..	..	..	..	..	..	..	2
50	Hæmophilia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
51	Anæmia .. ..	..	..	..	..	..	..	..	1	..	1	..	..	..	2
52	Lymphadenoma .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
53	Premature Birth	59	..	..	..	..	..	..	..	..	..	..	..	..	59
54	Injury at Birth .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55	Debility at Birth	16	..	..	..	..	..	..	..	..	..	..	..	..	16
56	Atelectasis	2	..	..	..	..	..	..	..	..	..	..	..	..	2
57	<i>Congenital Defects</i>	13	2	..	..	..	..	..	..	..	..	..	..	..	15
58		..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Want of Breast Milk	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	Atrophy, Debility, Marasmus ..	23	2	..	..	..	..	..	..	..	..	..	..	..	25
	Dentition	1	1	..	..	..	..	..	..	..	..	..	..	..	2
	Rickets .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Old Age, Senile Decay .. ..	..	..	..	..	..	..	..	..	..	..	28	50	26	104
	Convulsions	13	4	1	..	..	..	..	..	..	..	..	..	..	18
	Meningitis	2	5	1	1	..	..	..	..	..	..	..	..	..	9
	Encephalitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Apoplexy	1	..	1	..	..	..	..	5	6	8	16	7	2	46
	Softening of Brain.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Hemiplegia .. ..	..	..	..	..	..	..	..	..	2	2	3	1	1	9
	General Paralysis of Insane ..	..	..	..	..	..	..	..	1	5	6	3	..	..	15
	Other forms of Insanity .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
	Chorea .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Cerebral Tumour .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
	Epilepsy .. ..	..	1	..	..	..	..	2	..	..	1	1	..	..	5
	Laryngismus Stridulus	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	Locomotor Ataxy .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
	Paraplegia .. ..	..	..	..	..	..	..	..	..	2	3	3	..	..	8
	<i>Other forms, Brain Diseases</i> ..	..	..	..	..	..	..	..	1	..	2	2	..	..	5
77a	Other forms Spinal Cord Diseases	..	1	..	1	..	..	..	..	1	1	1	1	..	6
77b	Peripheral Neuritis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
78	Otitis .. ..	..	..	..	1	..	1	..	..	..	..	..	..	..	2
79	Disease of Nose, Epistaxis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80	Diseases of Eye .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
81	Pericarditis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
82	Endocarditis .. ..	..	..	1	1	..	3	3	4	10	..	6	2	..	30
83	Hypertrophy of Heart .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
84	Angina Pectoris .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
85	Aneurism .. ..	..	..	..	..	..	..	..	2	1	..	..	..	..	3
86	Senile Gangrene .. ..	..	..	..	..	..	..	..	..	..	..	2	1	..	3
87	Embolism, Thrombosis .. ..	..	..	..	..	..	..	..	1	..	2	1	..	..	4
88	Phlebitis .. ..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
89	Varicose Veins .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..		132	17	6	5	1	5	11	21	50	49	80	66	29	472

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
90	<i>Other Diseases, Heart and Vessels</i>	1	..	..	1	..	1	4	3	9	12	11	3	1	46
	
	
91	Laryngitis .. .. .	..	..	..	..	..	..	..	..	..	..	1	..	..	1
92	Croup .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
93	<i>Other Diseases, Larynx & Trachea</i>	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	
94	Acute Bronchitis	15	8	1	1	..	..	1	..	..	1	..	3	1	31
95	Chronic Bronchitis .. ..	..	..	..	..	..	..	..	1	4	10	23	14	4	56
96	Lobar Pneumonia .. ..	..	2	..	1	..	3	2	4	2	..	..	2	..	16
97	Lobular Pneumonia	12	12	1	..	..	1	1	3	1	..	2	3	..	36
98	Pneumonia	7	8	2	1	3	6	7	12	7	5	7	4	1	70
99	Emphysema, Asthma .. ..	..	..	..	..	..	..	..	..	1	2	3	..	..	6
100	Pleurisy .. .. .	..	..	..	..	..	..	2	..	1	1	..	..	..	4
101	<i>Other Diseases, Respiratory System</i>	..	1	..	..	1	1	..	1	..	1	1	..	..	6
	
	
102	<i>Diseases of Mouth and Annexa</i> ..	..	3	1	..	..	..	..	..	..	..	..	..	..	4
	
103	Diseases of Pharynx	1	..	..	..	..	..	..	..	..	1	..	..	..	2
104	Diseases of Oesophagus .. ..	..	..	..	..	..	..	..	..	..	2	..	..	..	2
105	Ulcer of Stomach and Duodenum ..	..	..	..	..	..	3	..	..	1	2	..	1	..	7
106	Other Diseases of Stomach ..	2	..	..	..	..	..	..	..	..	1	1	..	..	4
107	Enteritis	11	..	..	..	..	..	..	..	..	..	..	..	..	11
108	Appendicitis .. .. .	..	..	1	..	..	1	..	..	..	1	..	..	..	3
109	Obstruction of Intestine	3	..	..	..	..	..	4	..	1	3	2	2	..	15
110	Other Diseases of Intestine ..	1	..	..	..	..	..	1	..	1	..	..	..	..	3
111	Cirrhosis of Liver .. ..	..	..	..	..	..	..	1	5	6	5	4	..	..	21
112	Other Diseases of Liver .. ..	..	..	..	..	..	..	..	..	3	1	1	..	..	5
113	Peritonitis .. .. .	..	..	..	..	..	..	1	..	..	..	..	..	..	1
114	<i>Other Diseases, Digestive System</i>	..	..	..	..	..	..	..	..	..	..	1	..	..	1
	
115	<i>Diseases, Lymphatic System and Glands</i>	..	1	1	..	1	..	..	..	..	..	..	..	..	3
	
116	Acute Nephritis .. .. .	..	..	..	..	1	..	1	1	1	2	..	..	..	6
117	Bright's Disease .. .. .	..	..	..	..	..	..	1	1	6	4	6	1	..	19
118	Calculus .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
119	Diseases of Bladder and Prostate ..	..	..	..	..	..	..	..	1	1	..	3	4	2	11
120	<i>Other Diseases, Urinary System</i> ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
	
121	Diseases of Testis and Penis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
122	Diseases of Ovaries .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
123	Diseases of Uterus and Appendages ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
124	Diseases of Vagina and External } Genitals }	..	..	..	..	..	..	..	..	..	..	..	..	..	..
125	Diseases of Breast .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
126	Abortion, Miscarriage .. ..	..	..	..	..	..	2	1	..	..	..	..	..	..	3
127	Puerperal Mania .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	Puerperal Convulsions .. ..	..	..	..	..	..	..	2	..	..	..	..	..	..	2
129	Placenta Prævia, Flooding ..	..	..	..	..	..	..	2	..	..	..	..	..	..	2
	TOTALS ..	53	35	7	4	6	18	31	32	47	54	66	37	9	399

No.	Diseases.	Ages.													All Ages.
		0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	
130	Puerperal Thrombosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131	Other Diseases, Pregnancy and Childbirth }	..	..	..	..	..	..	2	2	..	..	..	..	..	4
132	Arthritis, Ostitis, Periostitis ..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
133	Other Diseases, Osscous System ..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
134	Ulcer, Bed sore	1	..	..	..	..	..	..	..	..	..	1	..	..	2
135	Eczema .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
136	Pemphigus .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
137	Other Diseases, Integumentary System }	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Accidents and Negligence—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
138	In Mines and Quarries .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
139	In Vehicular Traffic .. ..	..	1	..	..	..	1	1	..	1	..	..	..	..	4
140	On Railways .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
141	On Ships, Boats, Houses, &c., (not drowning) }	..	1	..	..	..	..	1	..	1	..	1	1	3	8
142	In Building Operations .. ..	..	..	..	..	..	..	..	1	..	..	..	1	..	2
143	By Machinery .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
144	By Weapons and Implements ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
145	Burns and Scalds .. ..	..	..	3	..	1	..	..	..	..	..	1	..	..	5
146	Poisons, Poisonous Vapours ..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
147	Surgical Narcosis .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
148	Effects of Electric Shock .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
149	Corrosions by Chemicals .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
150	Drowning .. ..	..	1	..	..	..	..	..	1	..	..	..	..	..	2
151	Suffocation, Overlaid in Bed ..	4	..	..	..	..	..	..	..	..	..	..	..	..	4
152	„ Otherwise	2	..	..	..	..	..	..	..	..	..	1	..	..	3
152a	Improper Feeding .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
153	Falls not specified .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
154	Weather Agencies	1	..	..	..	..	..	1	..	1	..	1	..	..	4
154a	Inattention at Birth	1	..	..	..	..	..	..	..	..	..	..	..	..	1
155	Otherwise not stated .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
156	Homicide .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
	Suicides—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
157	By Poison .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
158	By Asphyxia .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
159	By Hanging and Strangulation ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
160	By Drowning .. ..	..	..	..	..	..	..	..	2	..	2	2	..	..	6
161	By Shooting .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
162	By Cut or Stab .. ..	..	..	..	..	..	..	..	1	..	..	1	..	..	2
163	By Precipitation from Elevated Places }	..	..	..	..	..	..	..	..	..	..	..	..	..	..
164	By Crushing .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	By other and unspecified methods	..	..	..	..	..	..	..	..	..	..	..	..	..	..
166	Execution .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Sudden Death, cause not ascertained	..	..	..	..	..	..	..	..	..	..	..	..	..	..
168	Ill defined and unspecified causes	..	..	..	..	..	..	..	1	..	..	..	..	..	1
169	Not certified	5	3	4	..	..	1	2	1	2	6	3	6	..	33
	TOTALS, SHEET No. 4 ..	15	7	7	..	2	2	10	12	5	8	12	9	3	92
	TOTALS, SHEET No. 3 ..	53	35	7	4	6	18	31	32	47	54	66	37	9	399
	TOTALS, SHEET No. 2 ..	132	17	6	5	1	5	11	21	50	49	80	66	29	472
	TOTALS, SHEET No. 1 ..	52	100	33	6	12	16	29	28	23	11	5	7	..	322
	GRAND TOTALS ..	252	159	53	15	21	41	81	93	125	122	163	119	41	1285

Sale of Food and Drugs Act, 1875.

Copy of the Report of the Public Analyst for the City of Coventry upon the articles analysed by him under the above Act for the year ending 31st December, 1909.

Article submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated what were the nature and extent of the Adulterations.	Observations.
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1st QUARTER.

NewMilk 44 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	Genuine.	
„ 1 „	„	Adulterated, 9% added water.	Fined £1 and costs and Analyst's Fee.
Separated Milk 1 „	„	Genuine.	
„ 1 „	„	Adulterated, deficient of 12% milk solids	Fined £1 and costs and Analyst's fee.
Butter 12 „	„	Genuine.	11 Informal.
Lard 1 „	„	„	Informal.
Pepper 1 „	„	„	„
Cocoa			
Essence 1 „	„	„	„
Arrow. root 1 „	„	„	„
Vinegar 1 „	„	„	„
Whisky 1 „	„	„	„
Chlorodyne 1 „	„	„	„

Sale of Food and Drugs Act, 1875—Continued.

Article submitted for Analysis.	State whether the sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
2ND QUARTER.			
New Milk 24 smp.	Mr. W. H. Clarke Food & Drugs Inspector to the City of Coventry.	Genuine.	2 Informal.
„ I „	„	Adulterated, deficient of 24% of fat.	Fined 10/- and costs, 19/-, in- cluding Analyst's fee.
„ I „	„	Adulterated, deficient of 7% of fat.	Vendor to be kept under ob- servation.
„ I „	„	Adulterated, deficient of 6% of fat.	„
„ I „	„	„ „ „	„
„ I „	„	Adulterated, deficient of 10% of fat.	Case dismissed on payment of costs, 15/6.
Separated Milk 2 „	„	Genuine.	

3RD QUARTER.

New Milk 55 smp.	„	Genuine.	7 Informal.
„ I „	„	Adulterated 8% added water.	Informal. Subsequent Formal samples from same Vendor proved to be genuine.
„ I „	„	Adulterated, 5% added water, and deficient of 25% of its fat.	Informal.
Cream 2 „	„	Genuine.	„
„ I „	„	Adulterated, 0.24% boric acid preservative above maximum amount recommended by the Food Preservatives Commit'ee.	Formal. Letter of caution to Vendor.
Butter 10 „	„	Genuine.	Informal.
Lard 2 „	„	„	„
Self Rais- ing Flour 1 „	„	„	„
Arrowroot 1 „	„	„	„
Cream of Tartar 2 „	„	„	„
Sweet Spirit of Nitre 2 „	„	„	„
Seidlitz Powders 1 „	„	„	„

Sale of Food and Drugs Act, 1875—Continued.

Articles submitted for Analysis.	State whether the Sample was submitted to the Analyst by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so, the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulteration.	Observations.
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4TH QUARTER.

New Milk 29 smp.	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.		
„ I „	„	Genuine.	12 Informal.
„ I „	„	Adulterated, 7% of added water.	Informal.
„ I „	„	Adulterated, 16% of added water.	Withdrawn on
„ I „	„	Adulterated, 19% of added water.	payment of
„ I „	„	Adulterated, 19% of added water.	costs and
„ I „	„	Adulterated, 19% of added water.	Analyst's fee.
„ I „	„	Adulterated, 19% of added water.	Fined £2 and
„ I „	„	Adulterated, 19% of added water.	costs, and
„ I „	„	Adulterated, 19% of added water.	Analyst's fee.
Condensed			
Milk I „	„	Genuine.	Informal.
Butter 18 „	„	Genuine.	„
„ I „	„	Adulterated, 7% excess water.	„
Bread I „	„	Genuine.	„
Golden			
Syrup I „	„	„	„
Olive Oil 2 „	„	„	„
Whiskey I „	„	„	„
Glycerine I „	„	„	„
Powdered			
Gentian			
Root I „	„	„	„
Compound			
Liquorice			
Powder I „	„	„	„

Same Vendor and date.

Report on the Utility of Hospital Accommodation for Diphtheria.

To the Sanitary Committee.

GENTLEMEN,

Your Committee has instructed me to report concerning the question of the isolation of patients suffering from Diphtheria, with a view to your Committee reconsidering the policy which has in the past been pursued in this City in regard to the isolation of this disease.

The present position is that no accommodation is provided for cases of Diphtheria in the City Isolation Hospital; those few cases of Diphtheria requiring or expected to require the operation of Tracheotomy are admitted to the Coventry and Warwickshire Hospital.

DEFINITION.

Diphtheria is a disease due to the invasion of one of the mucous membranes, generally that of the throat, by a specific micro-organism, the diphtheria bacillus. This local affection is generally accompanied by the formation of a membrane and the existence of local and general indications of illness. When this local formation of membrane affects the windpipe, as is common in young children, it was formerly the custom to call this disease Croup or more accurately Membranous Croup. Since the discovery of the specific bacillus of the disease, it has become clear that the disease is the same whether it occurs in the air passage or in the back of the throat or elsewhere. It is therefore accurate now-a-days to regard all cases of so-called Membranous Croup as true cases of Diphtheria, though the former name is still to some extent used to indicate those cases of Diphtheria where the membrane is present in the air passage. This form of the disease is particularly prone to affect young children, and it is in this form of the disease that the formation of the membrane may produce suffocation and death, unless the obstruction is alleviated by an operation, "Tracheotomy," which consists in the formation of a temporary opening for the passage of air into the lungs below the actual obstruction.

This is the explanation of the fact that these two terms are separately mentioned in the Notification Act of 1889. If that Act were re-framed to-day the two forms of this one disease would probably be grouped together under one name. To-day it is customary to classify them together as Diphtheria.

HOSPITAL PROVISION FOR DIPHTHERIA

There are two reasons which may render the provision of hospital accommodation desirable :—

(1) For the benefit of the patient himself, where he cannot be properly treated at home, that is, where his chances of recovery are increased by being admitted to the hospital; this is the usual reason for admission of cases to a general hospital.

(2) Where the removal of the patient is for the benefit of the community, he suffering from some infectious disease, and his removal is effected in order to prevent the spread of that disease. It is to meet cases of this kind that isolation hospitals are provided, and they are generally provided by the community and paid for out of the rates.

There is a certain small class of Diphtheria patients, generally young children, suffering from the type of the disease known as Membranous Croup, who may be ill on account of the disease affecting the larynx and so obstructing respiration; in these cases the operation of Tracheotomy may be called for, and this cannot well be done or the patient properly nursed in a small house; such patients are better admitted to hospital; they are few in number. During the last 6 years, I gather from the reports of the Coventry and Warwickshire Hospital that these cases have averaged 6 per year. Special small side isolation wards were built a few years ago at that hospital for the express purpose of nursing such patients and keeping them apart from the ordinary wards.

In the report that I made to your Committee in 1902 on this subject, I presented the results of an enquiry that I had made to all the large general hospitals in the country, *i.e.*, to all those with more than 100 beds; there were 71 in all, and 68 of these had sent replies. From the returns received it appeared that 16 of them admitted Membranous Croup cases unreservedly, and 46 others admitted them when they were urgent, or when they required or were likely to require operation. And in the 6 remaining cases different methods were pursued. I had further asked the question as to whether the admission of such cases had led to the extension of the disease to other patients.

The answers in regard to the 62 hospitals which admitted such cases showed that in 56 cases no such extension could be recorded; two stated that such an extension had occurred; one said "possibly"; one answered that "Diphtheria has spread"; one referred to an outbreak of Diphtheria in a ward, but did not show that this arose from any previous case of the disease; and the last said that two boys had once developed Diphtheria, but there was no Diphtheria case in the block to which these attacks might be attributed.

Of the six hospitals that would not admit Membranous Croup none had any history of the spread of the disease to account for their non-admission.

I regarded these replies as proving conclusively that the possibility of the spread of Membranous Croup to other patients in a general hospital is frequently exaggerated. The cases in which affirmative or doubtful replies were given were so few that they might easily have been accounted for quite apart from the admission of the disease, for such outbreaks occur from time to time in asylums and other public institutions where they obviously do not depend on the admission of patients suffering from the complaint.

The following figures show the amount of the disease which has occurred in Coventry since 1890.

AMOUNT OF THE DISEASE WHICH EXISTS IN
COVENTRY.

	DIPHTHERIA.		MEMBRANOUS CROUP.		TOTAL.	
	Cases.	Deaths	Cases.	Deaths.	Cases.	Deaths.
1890	5	5	10	1	15	6
1891	8	1	6	3	14	4
1892	1	0	18	2	19	2
1893	6	1	4	1	10	2
1894	14	3	7	2	21	5
1895	6	3	6	3	12	6
1896	16	3	1	3	17	6
1897	14	4	11	6	25	10
1898	20	5	13	10	33	15
1899	38	5	15	11	53	16
1900	42	12	24	10	66	22
1901	122	26	17	5	139	31
1902	129	28	7	3	136	31
1903	113	27	14	7	127	34
1904	74	10	4	1	78	11
1905	56	8	11	5	67	13
1906	56	12	3	0	59	12
1907	38	8	5	2	43	10
1908	101	8	7	0	108	8

These figures give the number of cases notified and the number of deaths which have occurred in this City since the Notification Act came into force.

They show what may be regarded as the normal incidence of the disease in a moderate sized town; they show that over a considerable number of years the number of cases occurring is small, and then a period of epidemic occurs stretching over two or three years, when the incidence is very much increased; this is the experience of most large towns in connection with this disease. The epidemic period, however, differs in different towns and while it may be occurring quite severely in one town, it may be quite mild in a neighbouring and similar town. Further, from time to time, at long intervals of time, wide-spread and even terrible epidemics called "Pandemics" may occur over a whole country and be the cause of immense numbers of deaths; the last such pandemic in this country occurred in the years 1855-1863, which was the greatest of any outbreak since the 16th Century. Apparently the largeness or smallness of the number of cases is mostly dependent upon the virulence of the particular type of disease which may be prevalent, *i.e.* the virulence of the bacilli or germs causing the disease.

Dr. Newsholme has produced a large amount of evidence in order to show that there is a close connection between deficient rain-fall and diphtheria. This is not universally admitted but the trend of the figures goes to show that after a succession of dry years diphtheria becomes epidemic, and that when we have a succession of very wet years diphtheria is less.

Diphtheria has so largely in the past been ascribed to defective drainage and faulty sanitary surroundings that it is difficult to get people to think otherwise than that this is the main cause of the disease. It is becoming clearer and clearer now that the connection between diphtheria and defective drainage is certainly excessively small, and probably the only connection existing between the two is this, *viz*:—that defective sanitary surroundings and defective drainage are unhealthy and tend to lower the system, thereby rendering the person more susceptible to infection. The disease itself is, however, caught from other people who have diphtheria or its germ. Infection is generally in the throat or nose and it is for this reason that the disease is so commonly contracted in schools where children are brought into close contact with one another in a comparatively small space. All who receive the infection, however, by no means necessarily contract the disease, and supposing a case of diphtheria to exist in a family and swabbings from the throat be taken from the whole of the family including the patient, the diphtheria bacillus will not only be found in the throat of the patient but also often in the throats of some of the rest of the family, all of whom may be quite well. These people who have the infection in the shape of the diphtheria bacillus in their throats are capable of spreading the disease to others without themselves suffering from it; they are called "Infectious contacts"; they are even more dangerous than the patient himself in that the patient is confined to bed while they, the infectious contacts, may be continuing their employment or engaging themselves in all the usual avocations of life. The question of the infectious contact lies at the root of what I think I shall show to be the comparative failure of ordinary hospital isolation to stamp out or even to diminish diphtheria.

It has already been stated above that Diphtheria varies considerably in virulence, and at times it is by no means a particularly infectious complaint.

Taking our own figures in Coventry for 1908 and 1909 to date, I find there have been 213 cases of Diphtheria notified, including Membranous Croup.

In no less than 167 houses where this disease occurred, no one else suffered from the complaint; that is to say, that if the whole of these 167 patients had been admitted to an isolation hospital and isolated there at considerable cost, not a single secondary case *at any of these houses* would have been prevented. In ten instances two cases occurred in the same house, and the illnesses began at the same time; they, therefore, did not contract the infection one from the other, but must have been infected from some common source. In seven instances there were two cases in the same house, the one occurring soon after the other. In three instances the original case was followed at a short interval by two additional cases in each house. In one case the interval of time between the two illnesses was so long, viz., 9 months, that it is probable there was no connection between the two illnesses.

These figures show that the infectivity of the type of the disease recently occurring in Coventry has been small.

One notable, and I believe unparalleled, occurrence, however, shows that in exceptional instances the infectivity may be very acute. A case occurred at the end of last year which was admitted for Tracheotomy into the Coventry and Warwickshire Hospital. As a result of the admission of that case, the Matron, four Nurses, the Assistant House Surgeon, and a Laundress contracted Diphtheria. The whole of the staff were swabbed and exceptional measures were taken to prevent any spread to the other patients; no spread to the other patients did occur. What occurred in that hospital in connection with the spread of the disease to the staff would be equally liable to occur to the staff of an isolation hospital. It is, however, an instance which, in my experience, stands quite by itself.

What is known on this subject is very well summarised by Dr. Newsholme in the "Bacteriology of Diphtheria,"* in the following paragraph:—

"There is no reasonable doubt that personal infection is the chief means by which Diphtheria is spread. Personal infection does not, however, explain why in some years Diphtheria, although present in a district in an endemic form, does not spread; while in another year, in which only the same opportunities of personal infection occur, it becomes extensively epidemic. Still less does it explain the occurrence of widely scattered epidemics and even pandemics in certain years. To explain these the operation of wider general causes must be presupposed. It might be that the susceptibility of entire populations to the infection of Diphtheria increases at times, though this is improbable; or it might be that the Diphtheria bacillus under certain conditions becomes more actively virulent and infective—more remote from its saprophytic phase of life; and thus, persons who can resist the ingress of the feebleness, fall victims to the more powerful micro-organism."

* Edited by Nuttall and Graham-Smith.

WHAT IS DONE ELSEWHERE.

In order to ascertain the course that is adopted in other large towns, I have addressed enquiries to the whole of the 76 big towns, and have received replies from 65 of them.

The following list gives the names of the towns that have definite accommodation for diphtheria, provided for by the Councils; and also this is followed by a shorter list of the small number of towns where nothing is done in the way of providing isolation hospital accommodation.

So far as they were available I have also obtained from these towns, detailed statistics concerning the number of cases notified, the number removed to hospital, and the number of deaths, and from these have been calculated the attack rate per 1,000 of the population, the percentage removed to hospital, and the mortality per 1,000 of the population.

The information derived from a number of the towns it is very difficult to classify on account, sometimes of incomplete figures, or on account of certain variations having taken place in the procedure adopted so far as isolation is concerned.

Also account has to be taken of two obvious fallacies in regard to figures such as these covering any prolonged period of time; one obvious fallacy arises from the fact that during recent years it has been customary to notify and classify all Membranous Croup cases as Diphtheria, whereas up to a few years ago these were classified separately, and Membranous Croup figures were not included in the diphtheria figures. Also in regard to the fatality from the disease, this has been undoubtedly diminished in recent years by the introduction and extension of the practice of treating diphtheria cases by serum.

If it were not for these obvious fallacies it would be possible to select from the towns that have supplied information those whose figures go back for an extended period of years, and whose practice in regard to isolation of diphtheria has changed during those years.

TOWNS WHERE ISOLATION IS PROVIDED FOR
DIPHTHERIA AND THE NUMBER OF BEDS PROVIDED.

Town.	No. of Beds.	Town.	No. of Beds.
Barrow-in-Furness	6	Leyton ...	22
Birkenhead ...	?	Liverpool ...	80
Birmingham ...	90	Manchester ...	66
Blackburn ...	20	Middlesbrough ...	12
Bolton ...	4	Newcastle-on-Tyne ...	56
Bootle ...	11	Newport ...	16
Bournemouth ...	12	Northampton ...	6
Bradford ...	48	Nottingham ...	32
Brighton ...	22	Norwich ...	24
Bristol ...	?	Plymouth ...	22
Burnley ...	8	Portsmouth ...	36
Burton-on-Trent ...	10	Preston ...	16
Bury ...	18	Reading ...	10
Cardiff ...	30	Rhondda ...	16
Croydon ...	46	Rochdale ...	14
Derby ...	20	Rotherham ...	12
Devonport ...	15	Salford... ...	48
East Ham ...	40	Sheffield ...	?
Great Yarmouth ...	22	Southampton ...	26
Grimsby ...	12	St. Helens ...	20
Hanley ...	36	Stockton-on-Tees ...	20
Halifax ...	8	Tynemouth ...	8
Hornsey ...	24	Wallasey ...	12
Huddersfield ...	?	Walthamstow ...	32
Hull ...	25	Warrington ...	20
Ipswich ...	8	West Ham ...	63
King's Norton & Northfield	12	Willesden ...	28
Leicester ...	12	York ...	20

TOWNS WHERE ISOLATION IS NOT PROVIDED FOR
DIPHTHERIA.

Aston Manor.	Walsall.
Coventry.	West Bromwich.
Handsworth.	Wigan.
South Shields.	Wolverhampton.
Sunderland.	

TOWNS WHERE ONLY OCCASIONALLY CASES OF
DIPHTHERIA ARE ISOLATED IN HOSPITAL.

Oldham.
Stockport.

In order to ascertain whether there were any obvious relationship between the amount of diphtheria occurring and the number of cases isolated at different periods of time in these towns, I have selected all those whose figures lent themselves in any way to tabulation of this sort, and the following figures give the average attack rate per cent, percentage removed to hospital, and mortality, over those groups of years which it appeared possible to group together.

Owing to the fallacies mentioned above I do not think that it is possible to form any reasonable conclusions from these figures; one thing, however, is quite clear, and that is, that there is no *obvious* relationship existing between the proportion isolated and the incidence of the disease.

The figures are, however, put forward here rather to show the complicated character of the problem than to point to any definite conclusions.

DIPHTHERIA.—TABLE I.

Town	Years.	Average Fatality per cent.	Average Attack rate per 1,000 Population.	Average Percentage removed to Hospital.	Average Mortality per 1,000 Population.
Reading ...	1890-05	26·4	0·61	0	0·13
	1906-08	14·2	3·17	47·23	0·40
Rotherham ...	1890-03	20·4	0·62	0	0·12
	1904-08	14·6	0·91	23·7	0·13
Gt. Yarmouth ...	1891-93	—	—	—	—
	1894-96	29·1	0·61	5·3	0·34
	1897-08	15·8	3·1	61·5	0·52
Southampton ...	1890-99	16·3	0·70	0·15	0·173
	1900-08	11·6	1·66	67·8	0·181
Halifax ...	1890-00	26·0	0·4	0	0·11
	1901-08	23·3	0·7	27·3	0·18
Derby ...	1890-96	20·2	0·6	8·7	0·13
	1897-08	12·9	1·9	30·6	0·19
Nottingham ...	1890-96	26·6	0·31	2·1	0·7
	1897-00	25·0	0·41	14·5	0·11
	1901-08	12·2	1·66	37·7	0·17
Stockton-on-Tees .	1890-94	67·0	0·37	0	0·21
	1895-99	38·6	0·47	22·2	0·18
	1900-08	24·7	1·28	50·5	0·28
Leicester ...	1890-98	24·8	0·63	0	0·16
	1899-08	12·1	2·20	44·3	0·37
Newport, Mon. ...	1893-96	50·2	0·69	0	0·32
	1897	22·0	0·46	9·6	0·10
	1898-08	14·6	1·54	57·1	0·21

DIPHTHERIA.—TABLE I.—*continued.*

Town.		Years.	Average Fatality per cent.	Average Attack rate per 1,000 Population	Average Percentage removed to Hospital.	Average Mortality per 1,000 Population.
Salford ...	...	1890-91	31·5	2·4	0	0·71
		1892-99	31·0	0·8	30·8	0·26
		1900-08	24·8	1·7	66·1	0·42
Ipswich ...	...	1890-02	27·4	0·95	8·3	0·27
		1903-08	12·5	1·21	62·7	0·13
Grimsby	...	1893-99	21·3	1·72	3·31	0·36
		1900-08	11·48	2·58	33·5	0·30
Birmingham	...	1892-04	19·7	1·31	0	0·26
		1905-08	12·0	1·50	56·5	0·17
St. Helens	..	1890-97	17·4	1·02	0	0·16
		1898-04	23·7	1·10	3·6	0·23
		1905-08	8·7	2·12	69·9	0·18
York ...	...	1890-00	24·9	0·35	—	0·93
		1901-04	18·8	0·53	6·5	0·10
		1905-08	10·0	1·15	26·6	0·10
Preston ...	...	1890-07	28·64	0·47	0	0·15
		1908	18·33	0·50	30·0	0·09
Sheffield	...	1890-1	27·5	0·73	0	0·19
		1892-99	35·9	1·26	10·5	0·33
		1900-08	13·0	2·12	44·1	0·32
Huddersfield	...	1890-99	38·0	0·33	0	0·13
		1900-08	20·5	0·56	50·3	0·10

DIPHTHERIA.—TABLE I.—*continued.*

Town.	Years.	Average Fatality per cent.	Average Attack rate per 1,000 Population.	Average Percentage removed to Hospital.	Average Mortality per 1,000 Population.
Bootle ...	1890-95	33.1	0.55	11.3	0.19
	1896-00	46.2	0.47	27.8	0.21
	1901-08	23.8	0.87	64.1	0.19
East Ham ...	1890-96	27.8	2.41	0	0.65
	1897-00	12.2	3.60	8.6	0.42
	1901-08	11.4	2.66	60.3	0.30
King's Norton and Northfield ...	1893-02	20.1	1.32	0	0.21
	1903-08	14.8	0.76	33.6	0.10
West Ham ...	1890-95	23.8	2.20	0	0.51
	1896-01	16.1	4.6	21.2	0.64
	1902-08	11.8	2.26	63.1	0.27
Manchester ...	1891-97	28.7	0.79	21.5	0.22
	1898-08	25.3	0.76	50.9	0.19
Liverpool ...	1890-97	30.9	0.54	19.7	0.16
	1898-08	19.2	1.24	53.3	0.23
Rhondda ...	1894-99	54.4	4.84	0	0.88
	1900-08	12.7	4.00	22.0	0.47

I think, however, that the above mentioned fallacies may be largely eliminated by taking simply the figures for the last, say, 10 years; the practice in regard to the classification of membranous croup during those 10 years may be reasonably considered to have been the same, and the serum treatment has been well established for that period, at any rate, in most places.

I have therefore selected those towns where the practice in regard to isolation has not varied materially during the course of this term of years.

I have divided these towns into three groups; the first group contains those where no hospital isolation whatever has been attempted; the second where almost no isolation has been attempted; and the third group sets forth those towns where a material proportion of the cases notified are isolated, and in this last group the towns are arranged in the order of the percentage isolated, *i.e.*, those towns where more cases are isolated are placed towards the latter part of the list.

I have no doubt at all that any method of this sort in which local circumstances are very considerably involved, where one attempts to compare the different towns with one another, averaging their mortality and attack rates for a period of years, without any material regard being paid to other factors of sanitation or administration, may be open to criticism. Doubtless it is; but there is one thing that appears to me quite certain, and that is this, that if the community is going to a considerable expense, first of all in building hospital accommodation for diphtheria, and then in maintaining and treating the patients in that hospital, the community has a reasonable right to expect that it is going to receive some material advantage from all that expense. There is no doubt that the material advantage which the community would expect from such a course is, first, that the attack rate, *i.e.*, the amount of diphtheria occurring would be lessened, and secondly, that the mortality, *i.e.* the proportion of deaths occurring from diphtheria would also be lessened.

By obtaining figures, such as those that I have collected from other towns, this material advantage that is obtained should be quite plain; it should be perceivable without any recourse to higher mathematics, and I think it is reasonable to expect that those towns where a larger proportion of cases are isolated should have a lessened incidence of the disease. These figures are now before you. No examination of these figures shows that any such relationship exists; on the contrary, if there is any advantage in regard to attack rate and mortality, it is certainly in favour of those towns where no isolation is attempted.

Of course it must be remembered here that probably the heavy attack rate of diphtheria in certain towns has in itself been the cause for more strenuous efforts to be made to isolate a larger number of cases, and where epidemic diphtheria has not assumed severe proportions, less efforts have been made in this direction.

In order to eliminate those towns where, during the last few years, a severe epidemic of diphtheria has occurred, and which materially modifies the figures which would otherwise appear, I have in the following list placed an asterisk opposite the names of those towns, but even if these towns are left out of account I think I may safely say the proposition I have above advanced is a perfectly true one.

DIPHTHERIA.—TABLE II.

Town.	Years.	Average Fatality per cent.	Average Attack Rate per 1,000 Population.	Average Percentage removed to Hospital.	Average Mortality per 1,000 Population.
Walsall ...	1899-08	26·3	0·60	0	0·14
West Bromwich...	1899-08	25·3	0·41	0	0·10
Handsworth ..	1899-08	12·1	0·99	0	0·12
Barrow-in-Furness	1899-08	23·2	0·67	0	0·13
*Coventry ...	1899-08	21·9	1·14	0	0·25
Aston Manor ...	1899-08	16·6	0·91	0	0·15
*Sunderland ...	1899-08	28·9	0·75	0	0·17
Preston ..	1898-07	28·8	0·63	0	0·18
South Shields ...	1899-08	23·0	0·74	0·77	0·15
*Bolton ...	1899-08	24·8	0·53	0·97	0·13
*Oldham ...	1899-08	23·2	0·79	2·9	0·18
Stockport ...	1899-08	35·6	0·03	6·1	0·14
Tynemouth ...	1899-08	21·7	0·73	10·5	0·13
Birkenhead ..	1899-08	16·3	1·02	14·7	0·15
*Blackburn ...	1899-08	20·4	1·27	17·0	0·28
Rochdale ...	1899-08	30·7	0·68	19·4	0·20
Middlesbrough	1899-08	25·4	1·05	22·1	0·26
*Burnley ...	1900-08	22·0	0·95	25·6	0·21
*Hull ...	1899-08	13·0	1·99	27·1	0·23
*Halifax ...	1901-08	23·3	0·7	27·3	0·18
Wolverhampton...	1901-08	19·7	1·3	27·9	0·19
*Derby ...	1899-08	12·7	2·1	31·0	0·21
Leyton ...	1899-08	12·3	2·07	32·5	0·26

DIPHTHERIA.—TABLE II.—*continued.*

Town.	Years.	Average Fatality per cent.	Average Attack Rate per 1,000 Population.	Average Percentage removed to Hospital.	Average Mortality per 1,000 Population.
Nottingham ...	1899-08	14·3	1·43	32·7	0·16
*Bury ...	1899-08	19·7	1·18	34·0	0·21
*Bristol ...	1899-08	11·7	2·46	46·4	0·26
Newcastle-on-Tyne	1899-08	19·5	0·89	34·7	0·16
Plymouth ...	1899-07	17·9	0·75	40·4	0·12
*Sheffield ...	1899-08	13·8	2·53	41·7	0·42
Portsmouth ...	1899-08	14·63	2·58	44·2	0·37
*Bradford ...	1899-08	18·0	1·13	45·3	0·19
*Stockton-on-Tees	1899-08	26·9	1·19	48·1	0·27
*Leicester ...	1900-08	10·7	1·9	48·5	0·30
Hornsey ...	1899-08	9·1	1·38	48·8	0·10
Huddersfield ...	1900-08	20·5	0·56	50·3	0·10
*West Ham ...	1899-08	12·4	2·99	51·2	0·38
*Cardiff ...	1899-08	8·5	2·86	52·3	0·26
Manchester ...	1899-08	25·0	0·80	52·3	0·20
Wallasey ...	1899-08	15·4	0·89	55·0	0·14
Liverpool ...	1899-08	18·4	1·28	55·2	0·23
Bootle ...	1899-08	26·3	0·81	57·6	0·19
Newport, Mon. ...	1899-08	13·2	1·50	57·9	0·17
East Ham ..	1901-08	11·4	2·66	60·3	0·30
Walthamstow ...	1901-08	13·2	2·0	61·1	0·26
Salford ...	1899-08	26·4	1·6	63·5	0·41
*Great Yarmouth...	1899-08	12·9	3·2	66·7	0·47
Willesden ...	1899-08	8·7	2·29	67·2	0·21
Southampton ..	1900-08	11·6	1·66	67·8	0·181
Croydon ...	1899-08	10·1	1·99	68·4	0·18
Bournemouth ..	1901-08	10·4	1·31	86·1	0·13

INFECTIOUS CONTACTS.

In a previous portion of this report I have set out the importance of dealing with infectious contacts if the disease is to be materially reduced.

I have made enquiries from all the towns that have favoured me with figures concerning the course of procedure in regard to infectious contacts, and I find that, with a very few exceptions, nothing whatever has been done by the Sanitary Authority of those towns in regard to searching for those contacts and isolating until free from infection.

The towns where something appears to be done in this matter are the following, and in these I am informed that "they are sometimes admitted to hospital." They are

Birmingham	Ipswich
Brighton	Newcastle-on-Tyne
Bristol	Newport
Croydon	Norwich
Derby	Nottingham
East Ham	and also Great Yarmouth

So far as my information goes, more has been done at Great Yarmouth in this respect than in any other of these large towns, and the figures given me by the Medical Officer of Health are so interesting in regard to showing the effect that has taken place since the infectious contacts were regularly looked for and, where possible, isolated, that I am appending the Great Yarmouth figures here :—

DIPHTHERIA.—GREAT YARMOUTH.

Year.	Estimated Population.	Total No. of Cases Notified.	No. of Deaths Registered	Fatality per cent.	No. of Cases treated in Hospital.	Attack Rate per 1,000 Populat'n.	Perc'ntage Removed to Hospital.	Mortality per 1,000 Population
1890	—	—	—	—	—	—	—	—
1891	49,318	—	22	—	3	—	—	0.44
1892	49,636	—	11	—	3	—	—	0.22
1893	49,891	—	18	—	—	—	—	0.36
1894	49,969	44	18	40.9	1	0.88	2.2	0.36
1895	50,167	37	8	21.6	2	0.73	5.4	0.15
1896	50,365	12	3	25.0	1	0.23	8.3	0.05
1897	50,564	100	37	37.0	32	1.9	32.0	0.73
1898	50,763	167	39	23.3	64	3.2	38.3	0.76
1899	50,963	246	55	22.3	125	4.7	50.8	1.07
1900	51,165	203	39	19.2	175	3.9	86.2	0.76
1901	51,367	297	41	13.8	265	5.7	89.2	0.79
1902	51,610	225	17	7.5	194	4.3	86.2	0.32
1903	51,851	323	50	15.4	217	6.2	67.1	0.96
1904	52,099	162	25	15.4	82 & 6 contacts	3.1	50.6	0.47
1905	52,253	33	3	9.0	18 & 3 contacts	0.63	54.5	0.05
1906	52,613	67	7	10.4	30	1.2	44.7	0.13
1907	52,879	74	6	8.1	47	1.3	63.5	0.11
1908	53,152	68	6	8.8	51	1.2	75.0	0.11

This policy was commenced in 1904 and has been since continued; the figures certainly lend colour to the suggestion that the practice has met with success.

I think that these facts above stated in regard to the absence of any serious endeavours being made to isolate infectious contacts lies at the bottom of the undoubted failure of hospital isolation to diminish diphtheria.

If a diphtheria patient remain at home, as in Coventry, according to the abilities of the home the patient is isolated; children attending school are prevented from going to school; and often others in the same house either stay away from work or temporarily lodge elsewhere.

If the practice here were to remove the patient to hospital, taking no notice of the infectious contact, the rest of the family would return to school or to their other work.

The infectious contact is, to my mind, more dangerous in spreading the disease than the patient himself. The patient himself is, or should be, confined to bed. The infectious contact is not only not ill, but he is not aware of the fact that he is infectious.

It is perfectly clear then that to isolate a case of diphtheria, taking no notice of the possibility of infectious contacts, is quite illogical in the face of our present knowledge of this disease. If that knowledge is to be taken advantage of in this respect we must not only isolate the patient, either in hospital or in the home, but also isolate the infectious contact either in the home or in some hospital or institution, during the whole of the time he remains infectious. The period of infection in diphtheria averages probably 28 days, sometimes it is considerably more—even extending to months—and sometimes it is considerably less.

In order to ascertain when a patient is free from diphtheria infection, swabs should be taken from the patient's throat and three negative results should be obtained before he should be considered to be safe, and the same course should be pursued in regard to the infectious contact.

Although Great Yarmouth is the only one of the large towns with which I am acquainted where serious and systematic endeavours are made to deal with the infectious contact there are two of the smaller towns where this has been done for some years; these are Colchester and Cambridge; and the Medical Officers of Health of these towns have favoured me with their figures; they are given below.

In Colchester this system has been employed since 1902 and the incidence obtained has been less than it was in the previous few years.

DIPHTHERIA.—COLCHESTER.

Year.	Estimated Population.	Total No. of Cases Notified.	No. of Deaths Registered	Fatality per cent.	No. of Cases treated in Hospital.	Attack Rate per 1,000 Population	Perc'ntage Removed to Hospital.	Mortality per 1,000 Populat'n.
1890	34,050	—	—	—	—	—	—	—
1891	34,650	—	—	—	—	—	—	—
1892	35,000	—	—	—	—	—	—	—
1893	35,364	—	—	—	—	—	—	—
1894	35,730	—	—	—	—	—	—	—
1895	36,096	37	2	5.4	—	1.02	—	0.05
1896	36,490	41	7	17.0	2	1.12	4.8	0.19
1897	36,843	35	8	22.8	3	0.94	8.5	0.21
1898	37,222	67	25	37.3	19	1.80	28.3	0.67
1899	37,605	39	11	28.2	10	1.03	25.6	0.29
1900	37,991	91	16	17.5	36	2.39	39.5	0.42
1901	38,383	288	39	13.5	209	7.50	72.5	1.01
1902	38,778	162	15	9.2	103	4.1	63.5	0.38
1903	39,200	55	5	9.09	27	1.3	49.09	0.19
1904	39,700	58	7	12.5	30	1.4	51.7	0.17
1905	40,120	60	10	16.6	40	1.4	66.6	0.24
1906	40,540	29	3	10.3	17	0.71	58.6	0.07
1907	40,970	19	1	5.3	13	0.46	68.1	0.02
1908	41,450	41	4	9.75	26	0.98	63.4	0.09

In Cambridge the course has been adopted for 10 years, but the advantage obtained is not shown by the figures given below:—

DIPHTHERIA.—CAMBRIDGE.

Year.	Estimated Population.	Total No. of Cases Notified.	No. of Deaths Register'd.	Fatality per cent.	No. of Cases treated in Hospital.	Attack Rate per 1,000 Population	Percentage Removed to Hospital.	Mortality per 1,000 Population
1890	36,781	26	2	7.7	5	0.70	19.1	0.05
1891	36,983	17	1	5.8	2	0.46	11.8	0.02
1892	37,124	7	1	14.2	1	0.19	14.2	0.02
1893	37,306	12	3	25.2	—	0.32	—	0.08
1894	37,483	7	3	42.3	2	0.18	28.5	0.08
1895	37,680	24	7	29.1	4	0.63	16.6	0.18
1896	37,857	8	—	—	2	0.21	25.0	0.00
1897	38,042	12	—	—	3	0.31	25.0	0.00
1898	38,228	29	5	7.2	11	0.75	38.0	0.13
1899	38,416	11	—	—	2	0.28	18.1	0.00
1900	38,607	63	3	4.7	—	1.63	0.0	0.07
1901	38,732	55	7	12.7	13	1.42	23.6	0.18
1902	38,968	16	2	12.5	4	0.41	25.0	0.05
1903	39,157	68	11	16.1	39	1.73	57.3	0.28
1904	39,347	39	10	25.6	29	0.99	74.3	0.22
1905	39,347	63	18	27.7	47	1.61	72.3	0.45
1906	39,731	31	12	38.7	22	0.78	71.0	0.30
1907	39,924	33	3	9.1	24	0.82	72.7	0.07
1908	40,118	78	6	7.7	61	1.94	78.2	0.14

It must be borne in mind, however, that nothing material can be learnt from the figures of such a small number of towns, for it is impossible to determine what would have been the course of the disease had the particular methods not been adopted.

One conclusion I have no hesitation in affirming, and that is that to provide hospital accommodation for diphtheria patients and to ignore the infectious contact—as is done in so many towns—will probably lead to disappointing results.

Although the course suggested of following up the contacts and isolating the infectious ones is promising, I am not in a position to affirm with confidence that this method will necessarily meet with success. There are two matters on which bacteriologists are not yet agreed, and both of them are of material importance in the question of success.

(1) There are in addition to well recognised Diphtheria Bacilli, other forms of Bacilli, notably the Pseudo-Diphtheria Bacillus (and others) which may perhaps be attenuated forms of the Diphtheria Bacillus, and may perhaps under certain conditions cause Diphtheria. These Bacilli are present in the throats of a large number of people.

(2) Some bacteriologists affirm that the Diphtheria Bacillus not only occurs in Diphtheria patients and in some of those healthy people brought into contact with them, but also that it occurs in a certain proportion of healthy people who have not been exposed to infection.

If there is any truth in either of these propositions the hospital isolation of Diphtheria and Diphtheria contacts can never be successful in stamping out the disease in the same way, for instance, that the hospital isolation of Small Pox stamps out that disease.

Your Committee will recognise the difficulties in which I am placed in the matter of definitely recommending the provision of hospital accommodation for Diphtheria.

Should such accommodation be contemplated,

- (1) At least 20 beds for patients should be provided.
- (2) Accommodation for a number of infectious contacts should be arranged for, either at the hospital or some other institution, people who are well but infectious.
- (3) Arrangements should be made with the medical profession to induce them to swab the contacts in houses where they have Diphtheria patients.
- (4) If Tracheotomy cases were admitted to the City Hospital, there should be a resident medical officer, and provision would have to be made for him in an extension of the administrative block.

I am Gentlemen,

Your obedient servant,

E. H. SNELL,

Medical Officer of Health.

December 14th, 1909.



CITY OF COVENTRY.

Report of the Deputation who attended the Leeds Health Congress.

JULY, 1909.

To the Sanitary Committee.

This Congress was held at Leeds from July 17th to 23rd ; it was due to the initiative of the Corporation of Leeds that the Royal Sanitary Institute and the Royal Institute of Public Health met together for the first time and held a joint Congress. The entire success of this happy idea was evidenced by the fact that the Congress attracted a much more representative assembly of sanitarians than do the separate Congresses ; this was well exemplified in the fact that three of the sections were presided over by the chief sanitary advisers of three Government Departments, the Local Government Board, the Home Office, and the Board of Education.

At the Inaugural Ceremony on the 17th, the President, Col. T. W. Harding, delivered an address full of suggestiveness in regard to the progress of sanitation. As the Chairman of the Royal Commission on Sewage Disposal Col. Harding could speak with authority on matters relating to sewage, but he also shewed that he was intimately conversant with the main difficulties confronting sanitarians at the present time.

PREVENTIVE MEDICINE SECTION.

Dr. Arthur Newsholme, principal Medical Officer of the Local Government Board, opened the sitting of the Preventive Medicine Section. The subject of his address was "Some Conditions of Social Efficiency in Relation to Local Public Administration." With wider and more exact knowledge of hygiene, he said, it was being increasingly realised that the whole range of the physical, mental, and to a large extent of the moral life of mankind might be brought within the range of preventive medicine, and that as medical knowledge grew the number of diseases that could be regarded as preventable would increase, and public administration would extend beyond its present limits. More accurate knowledge and a wider outlook would enable

social problems to be seen more nearly in their correct perspective. Much of the extravagant administration in the past had been due to a distorted perspective. If the avoidable loss of life and health from communicable diseases were realised by members of sanitary authorities, they would be less likely to build extravagant town halls while the water supply of the town was impure; to provide municipal Turkish baths while back yards and streets remained unpaved; or a town band while neglecting to teach girls domestic economy and boys such knowledge as would fit them for adult life. In the past failure in respect to measures for the public health had been the preliminary to success. Epidemics of infectious diseases had been the teachers of sanitary efficiency. Even now the direct attack upon tuberculosis had only begun, and in regard to this disease we needed to learn again the lesson that one of the chief causes of poverty was disease, and that extended public health administration must continue to be the chief means of removing destitution from our midst. Disease and poverty alike taught us that we were members one of another, and that the welfare of the entire community could only be secured by securing the welfare of its weaker members.

It was amongst causes that we should find our means of efficient attack against disease. Happily the Poor Law Commission's Report indicated a wish to secure similar causal treatment for the evils which had destitution as their eventual issue. It was not difficult to quote current instances of inefficiency in nearly every branch of social work. In regard to unemployment, for instance, we had been content to allow a large proportion of boys leaving school to engage in casual labour as errand boys, messengers, &c., without insisting on their being trained for more definite and permanent work in adult life. With a wider appreciation of the standpoint implied in the causal attack on disease and poverty, the exploitation of children for the sake of an immediate return for their work, and of the mothers at the expense of the health of the family, would no longer be permitted. After pointing out that disease was more costly to society than its prevention, and that the unwillingness to spend freely upon preventive measures was really extravagant parsimony, Dr. Newsholme emphasised the enormous part borne by sickness in causing social inefficiency. Causes of sickness, he urged, must be removed, whether this implied merely the improvement of environmental conditions or the prompt and efficient treatment of the patient himself. About 30 per cent. of the total paupers under the care of Boards of Guardians, he pointed out, were sick. To prevent sickness, he contended was an economic gain. To provide the best hospital treatment for such advanced cases of phthisis as were badly housed at home was as urgent and economical as to repair a leaky drain or empty an over-flowing cesspool. Such expenditure was capital expenditure on which a high rate of interest could be assured.

Attempting to lay down some principles of action for the future, Dr. Newsholme said we must no longer allow disease and pestilence to

be the finger posts of progress. Health was always cheaper than disease. To secure either individual or social health the causes of disease must be attacked. It was necessary to bear in mind that sickness itself was among the main causes of sickness. This fact had an important bearing on the giving of unconditional relief to sick persons treated in connection with the present poor law organisation. The Majority Report of the Poor-law Commission recommended that it should be a condition of out-relief that recipients should lead respectable lives in decent houses. As a large mass of sickness was neglected from which in earlier stages recovery was possible, it would be evident that one of the chief means of increasing social efficiency would be the early treatment of sickness. The means for securing this were discussed in the Reports of the Royal Commission on the Poor Laws, and it was evident we were evolving in the direction of a medical service in which treatment would be regarded as a part of preventive medicine, the economic justification of any increased cost involved in this being found in the decrease of sickness which must follow, with the corresponding decrease of poverty and inefficiency. Dr. Newsholme strongly insisted that the local administrative machinery for the control of poverty and sickness should secure the best result for a given expenditure of money and effort. There should be no avoidable hiatus or overlapping of effort. Our present inefficiency was illustrated by the units of government. Consider the statistical and administrative confusion, for instance, that arose from the fact that Leeds was comprised within four Poor-law Unions, a portion of each of which was also outside the city boundaries. The worst illustrations of anomalies of local areas were to be found in the case of small urban districts, and here they resulted in administrative inefficiency to a serious extent.

Concluding, Dr. Newsholme said that in the endeavour for efficiency, the discovery and application of the most efficient means for combining voluntary and official effort must bear a large part. Those who feared the extended rule of bureaucracy did not sufficiently realise that in British self-government, whether central or local, the elected amateur always had the controlling power, whether as a member of Parliament or as a member of local governing bodies. This British method, though occasionally irritating to the expert, was in his view a satisfactory compromise. Out of the often tedious conflict of public discussions came real progress, which, although it might not be so great as the expert officer would desire, was less likely to be out of perspective with other branches of work than the expert's original proposals. Owing to the indifference of the majority of the ratepayers the choice of representatives lay commonly in a large measure with earnest social workers and with those who wittingly or unwittingly lent their influence to would-be representatives having their own interests in view. Something must also be said for efficient onlookers to administrative work. Rancorous and ill-formed criticism must be avoided, and the onlooker must be ready to do justice to good work. Nothing had made it so difficult to secure good men to undertake the burden of local government as the indiscriminating and uncharitable criticism of those engaged in it.

An interesting discussion on Tuberculosis was opened by Dr. Robertson, of Birmingham. Dr. Robertson dealt with the methods of infection, and speaking of milk recounted the steps that might be taken to free herds from tuberculosis; he thought that the continuous occupation of sheds with very free ventilation did not harm milk production, and therefore a large amount of tuberculosis could be prevented by the simple process of keeping the cows under conditions somewhat similar to patients in a sanatorium.

Professor Trevelyan of Leeds dealt with the institutional treatment of the disease. Sir Charles Cameron, Medical Officer of Health of Dublin, spoke of the compulsory notification of Consumption in Ireland, which was "permissive," *i.e.*, the adoption of the power was permissive; he objected to legislation which was full of "mays" and preferred that which was full of "shalls."

Dr. Niven, Medical Officer of Health of Manchester, in criticising the new Order of the Board of Agriculture doubted whether local authorities would be willing to pay the compensation suggested by that Order. At the close of the discussion a resolution was passed drawing the attention of agricultural societies to the great assistance they might render in the extinction of bovine tuberculosis, by making it a condition in offering prizes for dairy cattle, that the animals should be free from that disease.

A long discussion ensued on papers in this section on the protection of our food supply, especially in relation to imported meats, and as to the value of foreign certificates of inspection.

A paper on dairy regulations spoke of dried milk preparations as promising in the matter of their utility and purity.

Discussions took place on the question of Infantile Mortality but no new facts were adduced.

INDUSTRIAL HYGIENE SECTION.

The President, Dr. B. A. Whitelegge, Chief Inspector of Factories, read a paper on "Industrial Hygiene." Going back to the year 1831, he sketched the pioneer work done in this department by Dr. Thackrah, of Leeds, who at that time pointed out how disease might be avoided and life lengthened if certain precautions were taken in connection with factories and workshops. Proceeding, Dr. Whitelegge called attention to several deficiencies commonly to be observed in this country in the provision made for the safety, cleanliness, and efficient ventilation of factories. These, doubtless, were due in large measure to the difficulty of obtaining knowledge of the best means and appliances for securing the desired end. In several industrial centres on the Continent there were permanent exhibitions of appliances designed for the purpose of

securing good conditions. In this country employers who desire to do their duty often had to go to unnecessary expense on account of the difficulty of obtaining information, and then they often found they had invested in ineffective installations. Ventilation in trades that created dust, such as metal grinding trades, was highly important, yet we might look in vain for any working model easily accessible to the public which would demonstrate what could be done. Adequate lighting was an important factor in industrial efficiency, but the Factory Acts said little about it. Something more than the vague terms, good and bad lighting, were required for factory legislation. In regard to temperature, too, much ought to be taken into consideration besides the ordinary reading of the thermometer.

In this section papers were read on lead poisoning in the manufacture of earthenware and china; on the histology of lead poisoning, and on the employment of women and children.

Miss Eva H. Jones, Chief Lady Sanitary Inspector of Bradford, read a paper shewing the conditions of women's work in the West Riding; she said much stress had been laid upon the evil of employing married women in factories, and it had been made responsible for the heavy infant death rate from prematurity and immaturity, but it is somewhat doubtful whether this can be altogether satisfactorily proved. It seems, therefore, added Miss Jones, that the employment cannot be altogether blamed, and so long as economic conditions are so unfavourable, any attempt to limit the wage earning of married women would probably lead to worse evils than the present ones, for a larger wage implies greater home comforts, better housing and general surroundings, and although it is unsatisfactory for mothers to leave their families to go out to work under present conditions it would probably be a worse evil to prohibit such labour.

CHILD STUDY SECTION.

Dr. George Newman, president of the Child Study Section, had a large audience to hear his address on child mortality in relation to the health of the State. The great burden of disease, he said, in child life fell most heavily and disproportionately upon the first two years of life, and showed little signs of reduction. As to the conditions and circumstances bringing about this result, he said, that the principal causes of mortality were prematurity, which arose from the poor physique, ill-health, or ill-nutrition of the mother; bronchitis and pneumonia, due to cold; diarrhoea, due to insufficient or unwise feeding; and infant mis-management and exposure, arising from ignorance or neglect.

In a second group of conditions responsible for the physical defects of childhood he placed the neglect of the beginnings of disease. If, he said, they were early detected and dealt with in childhood, the saving of life and suffering would be very great. It was idle to patch up children at school age if we made them all pass through damaging conditions at the beginning of their lives.

Measures of preventive medicine in the future must start with the child, and deal more with the home rather than with the house. Not that the State should invade the home and relieve the individual of responsibility; but that the State should teach the individual, and particularly the parent, that his responsibility had increased with the growth of knowledge. Just because the State did so much was the very reason why the parent should do more and not less than he had done in the past to work out not only his own salvation but the salvation of his children. Poverty was not alone responsible for child mortality, for in many poor communities infant mortality was low. Bad housing and bad sanitation were not sufficient to account for it. The problem would only be solved by a new way of life, a larger, more liberal and more vital education, in all matters pertaining to personal and public health. No scheme of racial physical development could be considered as adequate which failed to exert a direct beneficial influence upon the sex which was its most important factor. The only true and radical method of physical improvement was to lay the foundation of their work deeply and broadly upon a healthy childhood. Excluding conscription, there remained only one practicable sphere for controlling the children, and that was in the schools of the State. In that sphere they could act with a prospect of a good effect, if they had the hearty systematic co-operation between the physician and the sanitarian. The new movement of medical inspection in the State schools might prove in the future to be the meeting ground to which they had been looking forward for years, and it was there where the great battle would be lost or won.

This section was always full, and an animated discussion in progress; two of the earlier papers were on the elementary school as a pattern of home life and the relation of the Secondary School to home life; these were followed by a paper on "Open-air Schools;" on this question a great divergence of view was found to exist as to their suitability in the climate of this country.

An interesting discussion in this section was on the influence of Health Visitors in reducing infantile mortality; the experience of certain towns where regular health visitors had not been appointed, *e.g.* Oxford and Glasgow, and where their place was as far as possible filled by voluntary effort was placed before the meeting. It was stated that at Glasgow no less than 300 untrained voluntary workers were doing what they could to reduce the infantile mortality by instructing mothers in the proper ways of rearing their children. Some doubt was expressed as to whether such voluntary workers, however well intentioned they might be, could successfully fill the place of properly trained Health Visitors.

Mrs. Scharlieb, M.D. read a paper on the health of adolescent girls in relation to school life. Other papers were concerned with physical training, and also with Chorea, Hysteria, and other deviations from health in connection with over-work.

Dr. A. Wilson followed with a paper entitled "What malnutrition in Childhood means to the Nation." Instancing the care taken by the Dutch with regard to good food, he observed that bad teeth were extremely rare among poor people in Holland, and this was largely because they drank good milk, and plenty of it. He maintained that the English law as to milk had completely failed, and he asked was it not time for municipal authorities to supply the poor with good milk. If matters continued as they were in England this country would become interesting to the rest of the world as a nation without teeth. Bad dentition, he remarked, was the worst type of rickets.

Miss Ravenhill (London), commented on the extreme complexity of the problem of feeding the children, and urged that to conquer the question a great deal of "spade work" was necessary by them all. The revelations which she had received of conditions of nurseries of people who possessed wealth and other advantages, were, she said, a disgrace to the country. She thought, however, that progress was being made in the knowledge of methods of education.

Dr. William Hall (Leeds), touching on the question of milk diet, said the duration and value of the teeth depended largely on the enamel which covered them; and if the child possessed a mother who could, by her milk, give a sufficient quantity of enamel, the teeth would last a great many years—in his own case they had lasted upwards of 70 years. Breast food had the greatest power in forming good enamel and promoting the growth of good teeth.

Miss Hitching (Leeds), speaking of the happiness and variety of school life, protested against a suggestion that children left school at 13 years of age in a state of fatigue; and Mrs. Scharlieb drew attention to the good teeth of Swedish children, nourished on hard bread, as compared with the Danish, nourished on soft white bread like ours in England.

SECTION OF ENGINEERING AND ARCHITECTURE.

Mr. Reginald C. Kirkby (Bradford City Architect), presented a paper on the planning of elementary schools, in which he held that this question was entering upon a new era. This was due to a growing dissatisfaction with existing models, and an increasing recognition of the need of housing children under better conditions during their school life. For some years past architects had offered to authorities practically only one type of school, viz.:—the central hall type, with a series of class rooms arranged round two or more sides of a central assembly hall. The calling for the submission of competitive designs from architects had doubtless been greatly responsible for the adoption of this type, to the exclusion of buildings of a more suitable character. Whatever the reason, it must be admitted that, in contrast with the originality and excellence of modern English architecture, generally school planning had tended to become so stereotyped that only one type of school building was erected.

“The advantages which may have been claimed for existing models,” said Mr. Kirkby, “are quite outweighed when consideration is given to the question of the children’s health, and to the unsuitability of the buildings in relation to modern teaching methods and hygienic science.” The growing desire for healthier and better adapted schools has led, in a few instances, to the adoption and development of improved types of buildings, and noticeably so where City and County authorities have had the opportunity of consultation and investigation with their own official architects. Plans of schools recently erected or in progress in Staffordshire and Derbyshire, and at Letchworth and Bradford, are illustrations of these newer types. In these improved schools a detached assembly hall is provided, adequate to meet the growing need for physical instruction, and the class rooms are so arranged as to enable them to be from time to time flushed or scoured with fresh air, as well as at all times to be provided with cross ventilation. In such schools children can be taught to love fresh air as Nature intended they should, instead of their being compelled to sit in rooms with closed doors and windows, breathing impure air, many times fouled. The provision of facilities for bathing in connection with these newer schools is a noticeable and welcome feature. Cleanliness should become a national virtue, and this can best be inculcated through the medium of school baths.

A number of papers of a technical character were read on the bacteriological examination of water supplies, and the purification of public water supplies.

SECTION OF BACTERIOLOGY AND CHEMISTRY.

Papers were read on “The Variation in the Composition of Cows Milk,” “The Importance of Ash Constituents of Food Stuffs,” “The Standardisation of Disinfectants,” etc., etc.

Mr. Arthur J. Martin read a paper based upon the Fifth Report of the Royal Commission on Sewage Disposal, which, he said, was disappointing to many people who expected too much of it. It was, however, gratifying to those who urged that every case should be dealt with on its own merits. The Commissioners considered that some form of preliminary treatment was generally desirable, and sedimentation, chemical precipitation, and septic tank treatment were recognised as suitable processes. Mr. Martin pointed out that each process was adapted to a particular form of sewage, and he remarked that good service had been done in sweeping away the regulations by which the treatment of sewage had formerly been hampered.

The “Standards of Purification for Sewage Effluents” was discussed in a paper by Mr. John T. Thompson; Dr. G. J. Fowler (Manchester) dealt with sewage purification in relation to the growth of sewage fungus; and Mr. G. A. Hart (the Leeds Corporation Sewerage Engineer) read a paper on the treatment of storm water.

CONFERENCE OF MUNICIPAL REPRESENTATIVES.

One of the earlier papers in this Section was on "The Garden City of Letchworth and Town Planning." This led to an interesting discussion on the principles of town planning.

Alderman W. H. Newton (Newcastle), read a paper on "Labour Colonies for the Unemployed," in which he said the establishment of labour colonies promised the remedy which would relieve the general condition, and exercise an improving influence on the personality of certain grades of inmates. The colony settlement should contain a free and a compulsory department. The free colony should provide for the industrious unemployed, who are out of work through no fault of their own, but because of circumstances beyond their control, where they should be able to obtain employment or assistance to obtain work, either in their own district or elsewhere. The compulsory colony would accommodate the unemployable, foremost among whom was the professional vagrant, who despised work. The unemployed must be collected in colonies under authority, and sorted. Those who possess the possibilities for betterment should be afforded the opportunity for emancipation. The incorrigible should be detained under observation, where the possibilities of causing further injury to the society would be limited, and his general conditions safeguarded. He suggested that a resolution in favour of labour colonies should be passed by the Conference and forwarded to the Prime Minister and the President of the Local Government Board.

Replying to the suggestion that the land and liquor laws were the real cause of the unemployment, Alderman Newton protested against this view, and said there were thousands of unemployed on Tyneside who were teetotallers. It would be foolish to ask Parliament to incorporate liquor clauses in a Labour Colony Bill.

An interesting paper on the working of the Notification of Births Act in Glasgow was read by Baillie Anderson, and in the discussion which followed, Miss Edith Maynard (Chief Lady Inspector of the Leeds Sanitary Department), referred to the excellent work being accomplished by the recently established Babies' Welcome in Leeds.

CONFERENCE OF VETERINARY SURGEONS.

Discussions ensued in this Section on the Milk Bill which has been before Parliament this session, and also on the Tuberculosis Order of the Board of Agriculture; but as the former has been dropped, and the latter is likely to be withdrawn, they had only an academic interest.

In speaking of what had been done in Manchester under their Milk Clauses, Mr. J. W. Brittlebank said they had reduced under their Model Milk Clauses, the quantity of tuberculous milk coming into Manchester from 14 per cent. to 7 per cent., and he believed that was

the possible minimum under their present enactments. He saw nothing in the Milk Bill which would help them to further reduce the quantity. He deprecated considering the question from a purely agricultural standpoint, and said the consumer's point of view demanded attention. Tuberculosis must be attacked at the beginning, and steps taken to remove young stock from the absolutely filthy conditions in which they were reared, and which could not fail to propagate the disease. It was no use removing "wasters" if they still allowed stock to be reared in the grossly insanitary habitations in which they were now found.

A further paper dealt with Anthrax and Glanders.

CONFERENCE OF SANITARY INSPECTORS.

The President read a paper on "State Interference and Public Health." Mr. Quinton treated his topic in general terms. If it be true, he said, that the aim of State interference is the common welfare and moral character of all its members, then it was a necessity. No one familiar with the life of the people would contend that the mass of humanity would be happier if there had been no public health legislation and no Education Acts. He referred to the terms of appointment of Inspectors of Nuisances, and the need in their case of security of tenure, so that an inspector could carry out his duties without risk of conflict with important individual interests. In one district, which was not named, an inspector had to seize unsound food on the premises of two butchers who were members of the District Council. Mr. Quinton referred at great length to alcoholism. He strongly advocated an amendment of the Food and Drugs Act, so that greater control might be secured over the traffic in patent and proprietary articles in the interests of infants and young children.

Mr. A. E. Hudson (Chief Sanitary Inspector, Cheltenham) read a practical paper upon the value of intercepting traps on house drains, which had, he said, been in use for the last 32 years. He set forth the objections, and declared that the disadvantages had been greatly exaggerated, and that interceptors of suitable size and shape, properly fixed, were of great value in preventing sewer gases from passing into the house drains.

In the discussion which followed Mr. West would not admit that the intercepting trap did all that its advocates claimed; but, generally speaking, those who took part in the debate were in favour of the trap.

A paper was read on "Cowsheds old and new;" this referred to the power possessed by sanitary authorities to improve the structure of sheds, and the relation of their structure to the question of tuberculous cattle.

Your delegates took the opportunity offered of visiting various features of sanitary interest in Leeds, including an unhealthy area, its back-to-back houses for which Leeds has now an unenviable notoriety, its isolation hospitals, and two abattoirs.

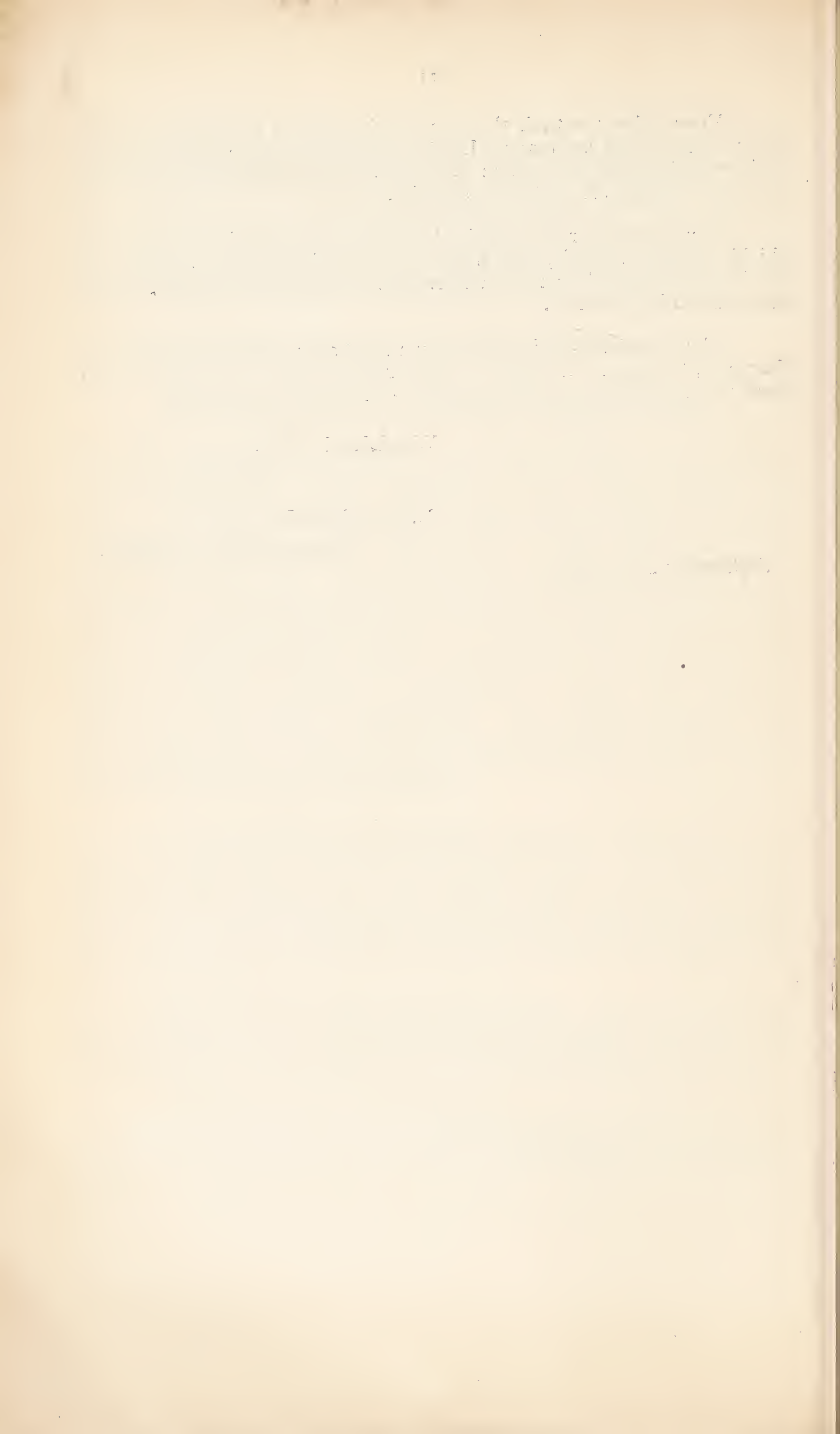
Your Inspector also took the opportunity of visiting the new Shields Public Abattoir, and from his description it would appear that this is a building well worth consideration in view of the interest of this desideratum in Coventry.

The Congress was in every way a most successful one, and its joint character, leading as it did to a most representative attendance, gave great promise for the repetition of such Congresses in the future.

WILLIAM LEE,
Chairman.

E. H. SNELL, M.D.,
Medical Officer of Health.

September 21st, 1909



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CITY OF COVENTRY.

DISTRIBUTION OF

CASES OF INFECTIOUS DISEASE

1909

- SCARLET FEVER
- TYPHOID
- * DIPHTHERIA



